

Best Start LA: Baby-Friendly Hospital Project Framework

INTRODUCTION

There is overwhelming scientific evidence that breast milk is the optimal food for infants and provides numerous health benefits to the infant and mother. However, most babies are not breastfed due to different causes. The strongest risk factors for early breastfeeding termination are late breastfeeding initiation and supplementing the infant¹, making imperative that hospitals adopt and follow institutional policies that protect, promote and support breastfeeding. Institutional changes in maternity care practices effectively increase breastfeeding initiation and duration² as most children are born in a hospital or birthing center.

Breastfeeding mothers need support and skilled assistance in the hospital to ensure that good initiation of breastfeeding. For many women, the hospital is the only source of breastfeeding support and education and exclusive breastfeeding during the hospital stay is one of the most important influences on how long babies breastfed exclusively after discharge. Babies who are fed breast milk exclusively in the hospital are more likely to receive only breast milk at home and to breastfeed for a longer period of time, increasing the benefits of breastfeeding.

Unfortunately, in Los Angeles County, the average exclusive hospital breastfeeding rate at discharge is 24.1%, compared with California's rate of 42.7%. The national Healthy People 2010 goal, just one year away, is 75%.

The *Baby-Friendly Hospital Initiative* (BFHI) is a global program sponsored by the *World Health Organization* (WHO) and the *United Nations Children's Fund* (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. In the United States, birth facilities that have achieved Baby Friendly Hospital Initiative (BFHI) designation typically experience an increase in breastfeeding rates.³ There is a relationship between the number of Baby Friendly steps, of the Ten Steps to Successful Breastfeeding, in place at a birth facility and a mother's breastfeeding success. These "Steps" are policy changes to implement changes in practices within the hospitals.

Commissioner Liaisons recognized the great need in LA County to improve breastfeeding rates and directed staff to explore countywide activities that would improve breastfeeding rates and duration. This framework supports the request for approval of the Baby-Friendly Hospital Project as a key activity for Best Start LA with an allocation of up to **\$10.5 million**.

BACKGROUND

Based upon Commissioner Liaisons' directives, staff conducted a wide range of information gathering activities and an extensive literature review in order to understand which strategies and practices have proven effective locally and in other parts of the country and the world in improving exclusive breastfeeding rates. In addition, staff interviewed other

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Proposition 10 Commissions (aka “First 5” Commissions).and other organizations that advocate for and support breastfeeding in Los Angeles County.

It is well established that breastfeeding promotes optimal health, cognitive development, and bonding of infant-mother. Therefore, it is critical that Best Start LA includes strategies to improve breastfeeding initiation and duration.

First 5 LA has embarked on the development and implementation of Best Start LA (BSLA) with the purpose and goal to increase the number of children who achieve appropriate social, emotional, cognitive, language, physical and motor developmental milestones to the best of their potential. The purpose of Best Start LA is to optimize the social, emotional, cognitive, language, physical and motor development of our youngest children within the context of the multiple environments that affect their development: (1) Pregnancy; (2) Nurturing Relationships; (3) Family; (4) Early Care and Education; (5) Early Intervention and (6) Neighborhoods and Communities.

The BSLA Baby-Friendly Hospital Project will be a direct complement to Welcome, Baby! as it will enhance and support a continuum of care to improve initiation and duration of breastfeeding by improving breastfeeding policies and procedures in birthing hospitals. This improvement in breastfeeding policies will also support BSLA’s outcome of “attachment and bonding” as it is aimed at increasing exclusive breastfeeding, which is an indicator of the attachment and bonding outcome.

BREASTFEEDING BENEFITS

Breastfeeding significantly reduces children’s risk for acute infections and sudden infant death syndrome and for chronic diseases such as diabetes, asthma, and obesity. Breastfed children have fewer visits to the doctor’s office, fewer days of hospitalization, and take fewer medications than children who are formula fed. Moreover, children who were born in Baby-Friendly hospitals breastfed longer as infants and scored higher on cognitive and IQ tests than did those born in control hospitals.

Health Benefits of Breastfeeding

The American Academy of Pediatrics supports the health benefits of breastfeeding and considers breastfeeding to be the ideal method of feeding and nurturing infants.⁴

The composition of human milk changes during a single feeding and as lactation progresses,⁵ while formulas remain uniform. Human milk provides all the nutrients a baby needs from birth thru six months of age. Breast milk also provides antibodies necessary to fight common infections, such as colds or flu,⁶ and prevents the child from getting sick. Research has proven that breastfed children suffer less diarrheas, intestinal infections,^{7,8,9} and allergies (including asthma).^{10,11} Breastfeeding promotes optimal health, cognitive development, and bonding of infant-mother pairs. Bonding is the emotional tie from parent to infant.¹²

Obesity and Diabetes

Studies suggest that breastfeeding may lower the risk of obesity and Type I and Type II Diabetes. ^{13,14} Subjects who were breastfed had a lower risk of Type II diabetes in later life than did those who were formula fed. ¹⁵

Initial breastfeeding protects against obesity in later life.¹⁶ Research using data from the National Health and Nutrition Examination Survey (NHANES III), 1988-1994, to study the rate of risk of overweight in 2,685 children age 3-5 years found that children had a reduced risk of being overweight if ever breastfed.¹⁷

Early Developmental Outcomes

Over the years, evidence has suggested that breastfed children have better developmental outcomes than babies that are fed formula. Some studies have attempted to control socio-economic variables and family environments to demonstrate the effects of breastfeeding on developmental outcomes.

In 1998, an 18-year longitudinal study examined the associations between duration of breastfeeding and childhood cognitive ability and academic achievement over the period from 8 to 18 years using data collected during the course of the 18-year longitudinal study of a birth cohort of over 1,000 New Zealand children. It concluded that increasing duration of breastfeeding was associated with consistent and statistically significant increases in 1) intelligence quotient assessed at ages 8 and 9 years; 2) reading comprehension, mathematical ability, and scholastic ability assessed during the period from 10 to 13 years; 3) teacher ratings of reading and mathematics assessed at 8 and 12 years; and 4) higher levels of attainment in school leaving examinations. The study added that these effects are 1) pervasive, being reflected in a range of measures including standardized tests, teacher ratings, and academic outcomes in high school; and 2) relatively long-lived, extending throughout childhood into young adulthood.¹⁸

University of California, Berkeley researchers Erik Evenhouse, Ph.D., and Siobhan Reilly, Ph.D., supported by the Agency for Healthcare Research and Quality (AHRQ), analyzed data from the first wave of the National Longitudinal Study of Adolescent Health in 1994. They examined the relationship between breastfeeding history and 15 indicators of physical health, emotional health, and cognitive ability among 16,903 adolescents, including 2,734 sibling pairs. They found a persistent positive correlation between breastfeeding and cognitive ability, that is, siblings who were breastfed had higher cognitive ability than those who were not.¹⁹

The effect was large enough to matter, and it was lasting, persisting into adolescence. The AHRQ considered that this significant correlation provides the strongest non-experimental evidence to date that *breastfeeding improves cognitive ability*.

In 1999, the California Policy Research Center and the UCLA Center for Healthier Children, Families and Communities released the report, "Building Bridges for California's Young Children: A 12 Point Agenda to Enhance Proposition 10," which identified breastfeeding promotion and support as an essential component for child development services. In addition, their report recommends that mothers have access to breastfeeding support groups, lactation support; family friendly workplaces and communities which support practices that promote optimal development of children (i.e., breastfeeding).

The report recognized that breastfeeding significantly lowers rates of diarrhea, ear infections, lower respiratory illness, and childhood lymphoma occurrences among infants and children

in the United States. It acknowledged that health care costs to federal and state governments as well as private healthcare systems runs into billions of dollars due to lack of breastfeeding.

These health and social benefits translate into significant cost savings for businesses, health care providers, and society as a whole.

Cost-Savings of Breastfeeding

Low breastfeeding rates do not only translate into poor short-term and long-term health outcomes but they also impose a toll on the economy. Economic models and cost-benefit analyses conducted by researchers conclude that breastfeeding saves monies for both public and private health systems, and represents significant savings for families.

One study conducted in California in 1993 among low-income Hmong families found that breastfeeding had the potential to save from \$4,475 to \$6,060 per child for a 7.5 year period.²⁰ A Colorado study in 1997 found that, compared with formula-feeding, breastfeeding each infant enrolled in WIC saved \$478 in WIC costs and Medicaid expenditures during the first 6 months of the infant's life. A Medicaid cost saving of \$112 per infant was realized by the breastfeeding cohort, and Medicaid pharmacy reimbursement costs for breastfed infants were significantly lower-half that of formula-fed infants. Benefit was determined from Medicaid expenditures for health care initiated in the first 180 days of each infant's life. Economic benefit was calculated as net benefit and as benefit-cost ratios.²¹

In 1999, one study found that excess use of healthcare services attributable to formula feeding, costs a HMO between \$331 and \$475 per never-breastfed infant for lower respiratory illness, otitis media, and gastrointestinal illness in the first year of life.²² That same study found that the costs for hospitalization for 1,000 never-breastfed babies due to lower respiratory infections among never breastfed babies range from \$26,585 to \$30,750 more than for 1,000 infants exclusively breastfed.

In 2002, the United States Breastfeeding Committee calculated that costs to support a breastfeeding mother in WIC are about 55% of those for a formula-feeding mother. The report stated that \$578,000,000 in federal funds are spent in the United States to purchase infant formula for families that could breastfeed and calculates that for every 10% increase in breastfeeding rates among WIC recipients would save WIC \$750,000/year.²³ It is worth noting that California has the largest WIC program in the nation and over 60% of infants born in California receive WIC services.

Some reports estimate the cost of formula to be between \$1,188 and \$2,376 per child for the first year of life. In California, at current prices, feeding a child with Similac® or Enfamil® ready-to-use formula can cost approximately between \$3,281 and \$3,463 during the first year of life.

BABY-FRIENDLY HOSPITAL INITIATIVE

The *Baby-Friendly Hospital Initiative* (BFHI) is a global program sponsored by the *World Health Organization* (WHO) and the *United Nations Children's Fund* (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of

care for lactation. The Baby-Friendly Hospital Initiative (BFHI) assists hospitals in giving breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies and gives special recognition to hospitals that have done so. The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals. They are:

- 1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff**
- 2. Train all health care staff in skills necessary to implement this policy**
- 3. Information all pregnant women about the 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, even if they are separated from their infants.**
- 6. Give infants no food or drink other than breast milk, unless medically indicated**
- 7. Practice “rooming in” –allow mothers and infants to remain together 24 hours a day**
- 8. Encourage unrestricted breastfeeding**
- 9. Give no pacifiers or artificial nipples to breastfeeding infants**
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**

Numerous studies have supported the effectiveness of Baby-Friendly Hospital Initiative. Mothers that do not experience any of the Ten Steps during their stay at the hospital were eight times as likely to stop breastfeeding before 6 weeks as those experiencing five steps.²⁴ Studies around the world have produced strong evidence of the effectiveness of the BFHI. In a randomized study maternity hospitals were assigned to receive an experimental intervention modeled after the BFHI or a control intervention of continuing usual infant feeding practices and policies. Infants from the intervention sites were significantly more likely than control infants to be breastfed to any degree at 12 months and were more likely to be exclusively breastfed at 3 and 6 months.²⁵

In Switzerland, a 2003 study analyzed the prevalence and duration of breastfeeding and the influence of compliance with BFHI guidelines by the hospitals on breastfeeding duration. It was found that, if a child had been exclusively breastfed in the hospital, the median duration of exclusive, full, and any breastfeeding was considerably longer than the mean for the entire population or for those who had received water-based liquids or supplements in the hospital.²⁶ The study supported the conclusion that the general increase in breastfeeding in Switzerland since 1994 can be interpreted in part as a consequence of an increasing number of Baby-Friendly health facilities, where patients breastfeed longer.²⁷

In California, only 16 out of 258 hospitals (6.2%) are designated as Baby-Friendly. These discharge almost 30,000 babies each year, of whom 20,000 (67.3%) are exclusively breastfed. This is well above the state average exclusive breastfeeding rate of 42.7%.

IMPLEMENTATION

The Best Start LA Baby-Friendly Hospital Project includes the following activities:

1. Outreach to Hospitals
 - a. Creation of a “Baby-Friendly Hospital Task Force”
 - b. Retain a consultant to support the Taskforce objectives in surveying the needs and level of readiness of hospitals to implement a Baby-Friendly Hospital Project
2. Implementation of a pilot project with California Hospital
3. Allocation to provide resource support for implementation of the BSLA Baby-Friendly Hospital Project based on Taskforce findings and recommendations. This allocation could benefit up to 20 hospitals in LA County, which have exclusive breastfeeding rate lower than the County average of 24.1%.

The funding models, number of contracts, period of funding, funding allocation, and next steps associated with implementation at each hospital will be further refined based upon the findings and recommendations from the Taskforce. The cost projections are estimates that ultimately depend on hospital readiness and interest in applying for funding, number of applicants, and availability of funds.

Activity #1: Outreach to Hospitals

a. Baby-Friendly Hospital Project Taskforce

A Baby-Friendly Hospital Project Taskforce (“Taskforce”) is essential to the creation of an effective Baby-Friendly Hospital Project. Through the formation of a Baby-Friendly Hospital Taskforce in Los Angeles County, First 5 LA will reach hospital leaders who will promote policy changes to ensure success of the Baby-Friendly Hospital Project.

After extensive consultation with experts involved in the creation of hospital breastfeeding projects, including expertise in the Baby-Friendly Hospital model, it is well established that the proper approach to hospitals and the relationships established with them are crucial in creating champions within and persuading participation in projects to increase breastfeeding. A Taskforce is an appropriate conduit for this approach.

Taskforce Approach

The Baby-Friendly Hospital Project Taskforce should include representatives from various maternal-child health stakeholders.

The Taskforce will likely comprise of **13-14** members from various organizations and entities such as:

- First 5 LA
- LA County Department of Public Health
- LA County Department of Health Services
- Hospital Association of Southern California
- WIC
- Breastfeeding Taskforce of Greater Los Angeles

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- La Leche League
- Hospitals in LA county already designated “Baby-Friendly”
- Hospitals in LA county already in process of seeking the “Baby-Friendly” designation
- LABBN/Best Babies Collaboratives (BBCs)

The Taskforce will be convened to exchange knowledge and discuss the information needed from the hospitals, and the approach strategy to maximize the use of First 5 LA’s funds.

An established champion within the Taskforce will help First 5 LA’s efforts to approach hospitals. The champion can be the Director of the Maternal-Child Health Division of the Department of Public Health or other physicians on the Taskforce. This champion would be an effective advocate to approach the hospitals because of their active role in public health.

The work of the Taskforce would help to promote an awareness and education regarding hospitals’ needs and challenges related to improving breastfeeding rates. Increase in breastfeeding rate can be achieved during the process of completing many of the 10 Steps to Successful Breastfeeding outlined by Baby-Friendly USA. Attendance at conferences will also be important for First 5 LA staff to stay apprised of new developments in breastfeeding and maternal-infant health.

Cost Projections

The cost projections are based on experience with other projects where the Commission established a similar taskforce or workgroup. It is anticipated that the Taskforce will meet monthly in the first year of the project and bimonthly for the remaining of the Project.

Meeting expenses may include meals and refreshments, educational materials and other supplies. Taskforce members may be reimbursed for travel, parking, and per diem. The total costs of the Taskforce meetings are estimated to be \$20,000 annually or **\$100,000** for the 5 years of the project.

b. Baby-Friendly Hospital Project Taskforce Consultant

Another element of a successful taskforce is a consultant(s). The Taskforce must have the assistance and support of a consultant who is familiar and have relationships established with hospitals. This consultant will also have knowledge of hospitals’ procedures and protocols.

Within the first six months of the Project, the Taskforce consultant will develop and administer a survey, and interview key informants. This survey will be similar to the CDC’s recent national survey, CDC National Survey of Maternity in Infant Nutrition and Care (mPINC). This will help the Taskforce assess hospitals’ needs and readiness to seek Baby-Friendly Hospital designation.

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This data will help First 5 LA and the Taskforce to determine the cost per 100 births. This, and data from the Pilot, will enable First 5 LA to create a funding structure, which declines over the life of the project.

Cost Projections

The consultant will be selected through an open Request for Qualifications (RFQ) process. The consultant(s) will receive no more than \$200 per hour. A one-year contract with the consultant could incur up to a total of **\$400,000**.

Activity #2 Implementation of a Baby-Friendly Hospital Pilot Project

A pilot project will help inform the Commission about the cost of implementing Baby-Friendly policies and will provide an opportunity to learn from early implementation what is needed for hospitals to become “Baby-Friendly”.

California Hospital is identified as a possible pilot site given its ties to Best Start LA’s Demonstration Community and its role as direct service provider in the implementation of Welcome, Baby!

Staff proposes a Strategic Partnership with California Hospital Medical Center (CHMC) in the city of Los Angeles. California Hospital discharges over 5,000 newborns each year. Approximately 30% of all children residing within the first BSLA Demonstration Community are born at California Hospital. Currently, California Hospital is the direct service provider hospital for the Best Start LA’s Welcome, Baby! This presents a unique opportunity to leverage those resources and current First 5 LA funding and provides a unique scenario for the research and evaluation component of the project.

At a current exclusive breastfeeding rate of 10.2%, CHMC is one of the lowest performing hospitals state and countywide. In addition, CHMC has an advanced level of readiness by having completed the implementation of the Birth and Beyond California project and the hospital administrators have recently expressed their commitment to pursue the Baby-Friendly Hospital designation. The hospital has estimated the costs associated with the necessary steps (training, educational material, etc) to pursue the designation. CHMC has prepared a proposed implementation plan for this pilot which includes training of all perinatal staff by the end of the first year.

Pilot Objectives

CHMC proposes a pilot in an effort to achieve the following:

- CHMC will create an environment for maternal-infant care based on best practice guidelines as defined by Baby-Friendly USA and, when consistent, as defined in *Providing Breastfeeding Support: Model Hospital Policy Recommendations* within three years.
- At the end of one year, after all perinatal staff has been trained and their competency verified, staff will demonstrate the skills necessary to design a plan of care that will maximize mother and infant skin-to-skin contact and bonding.

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Staff will be able to recognize and discuss actions that will overcome common barriers to support mothers' choice to exclusively breastfeed.

- Pregnant and parenting women delivering at CHMC will receive consistent, positive messages about breastfeeding throughout the continuum of care, including during prenatal and postpartum care; on the Maternity Tour at CHMC; in antepartum, labor and delivery, Couplet Care and neonatal intensive care units; from Welcome, Baby! home visitors; and Best Start LA collaborators. *This is a good leveraging point for California Hospital.*
- CHMC staff physicians who serve breastfeeding families will improve their ability to incorporate patient care decision-making issues relating to lactation and will enhance their capacity to integrate effective lactation management strategies into their practice.

Pilot Evaluation

CHMC will cooperate fully with Best Start LA evaluators. Evaluation activities will be conducted with the support of an external evaluator and will include internal support staff as required and/or specified.

For the evaluation the following information will be collected: maternal demographics, prenatal care provider, date of birth, mode of delivery, delivery professional (i.e., certified nurse midwife, resident, staff physician), gestational age, birth weight, skin-to-skin contact time, whether or not breastfeeding was initiated during initial skin-to-skin contact, and breastfeeding status recorded on PKU test form.

CHMC will also leverage existing First 5 LA efforts to the evaluation process. LABBN's Registry used in Healthy Births Care Quality Collaborative and Best Babies Collaboratives can be also be used to track patients who 'planned to exclusively breastfeed' and their feeding practices at 1 wk, 2 wks, and 6 wks.

With the assistance of First 5 LA evaluators, CHMC should be able to cross-reference these deliveries with Welcome, Baby! and Best Start LA to determine the duration of exclusive breastfeeding and utilization of additional breastfeeding resources in the community, such as WIC.

Pilot Sustainability plan

At the end of the pilot, a major culture shift will have taken place both within CHMC as well as in the Best Start LA community so that exclusively breastfeeding one's infant for the first six months will be the new norm, not the exception. Thus, it is anticipated that no additional funding will be required to maintain CHMC's designation as a Baby-Friendly Hospital

Cost Projections

California Hospital has approximately 240 nurses working at the Neonatal Intensive Care Unit (NICU), Labor & Delivery, and Couplet Care which are required to be trained on the 10 Steps to Successful Breastfeeding. Each nurse is required to attend 18 hours of training. The estimated cost of staff time to attend the training is \$955.00 per nurse.

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Additional costs that need to be considered may include cost of trainers, a project coordinator and education/ training materials.

The total cost for the pilot project is estimated cost up to \$500,000 with a matching contribution of \$390,000 from CHMC. The cost for other hospitals will vary greatly depending upon the number of nurses needed to be trained.

Activity #3 Allocation of \$9.5M to support the implementation of the BSLA Baby-Friendly Hospital Project, including evaluation

The implementation of the Project will be guided by the findings and recommendations of the Taskforce. Two major components most likely to be a part of the implementation are training and operational support. The likely targets will be 20 poor performing hospitals in the county, ones that fall below the LA County in-hospital exclusive breastfeeding rate of 24.1%.

Training

Implementation of the Project will require training all perinatal and related nursing staff as well as training a team of trainers to provide the necessary training, support and capacity building to hospitals as they begin to implement the Baby-Friendly Project.

The current training curriculum to attain a Baby-Friendly Hospital designation requires 1) an 18-hour Staff Training for nurses 2) a Train-of-Trainers module to ensure sustainability of this investment, and 3) a 3-hour webinar training for staff physicians.

Operational support for hospitals

Contingent upon the findings from the Taskforce and based upon the Baby-Friendly Hospital Report, the Project will likely provide seed funding for operational support which will be an incentive for hospitals, in general, to embrace policy changes recommended by Baby-Friendly USA. This seed funding is especially needed by hospitals providing services to the low income populations.

Some hospitals may be resistant to the Best Start LA Baby-Friendly Hospital Project due to “perceived” high costs associated with the purchase of infant formula, staff time needed for training, and the human resistance to change. The cost of formula is actually not as costly as one may expect since demand decreases as policies are implemented and staff accepts and adapts to change as they understand and embrace the benefits of breastfeeding. Finally, assessment fees payable to Baby-Friendly USA should be considered.

Staff anticipates that costs that need to be considered may include operational support to sustain hospitals in the following areas:

- Staff time to attend training
- Assessment fees payable to Baby-Friendly USA
- Leadership

Evaluation

This allocation includes \$500,000 for evaluation costs. Evaluation and follow-up will be important components of the Project. First 5 LA will create an evaluation plan for participating hospitals.

Quasi experimental comparison evaluation of added higher touch nurse follow-up to support and refer to helping resources will be conducted. There will also be evaluation of the discharge breastfeeding rates and changes over time (up to 6 months) to compare regular and “higher touch” populations.

The evaluation of the Baby-Friendly Hospitals Project (BFHP) will assess the implementation, sustainability and impact of the activities described above using both a countywide and placed based perspective.

Countywide evaluation

- **Implementation:** performance measures will be developed to assess progress in establishing the Baby-Friendly Hospitals Taskforce and the pilot project with California Hospital. This will include monitoring First 5 LA’s ability to launch the task force, barriers to implementation and surveying efforts to gauge the needs and readiness of hospitals to implement the BFHP.
- **Sustainability:** performance measures will be developed to assess the sustainability and scalability of the Taskforce beyond the pilot project to include barriers and obstacles to engaging hospitals to become Baby Friendly as well as the taskforce’s ability to use data from the assessment of hospital’s needs and readiness to increase the number of hospitals who reach designation. Resource supports and taskforce findings will also be considered as they relate to the sustainability of the Baby-Friendly Hospitals Project
- **Impact:** measures and surveys will be used to assess the impact of the Baby-Friendly Hospitals Taskforce at the county level. This will include looking at rates of breastfeeding for hospitals participating in the project, number of hospitals designated/in process of receiving designation, overall county breastfeeding rates and other related factors. Taskforce findings will also be considered as they relate to the impact of the Baby-Friendly Hospitals Project at the county level.

Place-based evaluation

- **Implementation:** Hospital level performance measures will be developed to define targets for the pilot project and for other hospitals participating in the project, to include barriers to implementation, time-line for implementation, adherence to the policies and procedures outlined within the Baby-Friendly Hospitals project and other related factors.
- **Sustainability:** performance measures will be developed for both California Hospital and other participating hospitals to assess hospital driven efforts to sustain and improve the efficacy of the Baby-Friendly Hospitals project within their facility. Resource supports and taskforce findings will also be considered as they relate to the local sustainability of the Baby-Friendly Hospitals Project
- **Impact:** measures and surveys will be used to assess the impact of the Baby-Friendly Hospitals Taskforce within a place based framework. This would

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include breast feeding rates at discharge from the hospital setting and sustained and exclusive breast feeding rates as assessed via follow up interviews with new mothers. The ‘value added’ of the Baby Friendly Hospitals Project as compared with no breast feeding support, or the Welcome, Baby! home visitation program will be assessed within Best Start LA demonstration communities using a number of comparison groups who have received the following breastfeeding supports

- Baby Friendly Hospitals Project
- Welcome Baby home visitation
- Baby Friendly Hospitals project and Baby-Friendly home visitation
- No breastfeeding support

The impact evaluation using Best Start families will also look at related outcomes overtime such as child overweight and attachment status of children who were breastfeed and those breastfeed exclusively up to 6 months of age. Taskforce findings will also be considered as they relate to the local impact of the Baby-Friendly Hospitals Project

Cost Projections

The cost projection for this evaluation component is estimated to be 5% of the total allocation or \$500,000.

The remainder of the project allocation, approximately **\$9 million** will be available for the costs of training and operational support. Based upon the evaluation by the Taskforce and Taskforce consultant, a more accurate cost projection will be provided.

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