

DEPARTMENT OF HEALTH SERVICES

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December 10, 1998



MMCD Policy Letter 98-10

TO: County Organized Health Systems
 Geographic Managed Care Plans
 Prepaid Health Plans
 Primary Care Case Management Plans
 Two-Plan Model Plans

SUBJECT: BREASTFEEDING PROMOTION

PURPOSE

This policy letter is to clarify the Medi-Cal Managed Care Health Plans' (hereafter referred to as Plans) contractual responsibilities regarding breastfeeding education and counseling; and the provision of medically necessary breastfeeding related services.

BACKGROUND

The Department of Health Services (DHS) promotes breastfeeding as the optimal way to feed infants. Extensive research studies have documented many benefits of breastfeeding for both the nursing infant and mother. Breastfeeding provides health, nutrition, immunological, developmental, economic, psychological, social, and environmental benefits to both mother and infant. In 1996, the California Statewide Breastfeeding Promotion Committee summarized the advantages to infants, and numerous maternal and societal benefits associated with breastfeeding (See Enclosure 1).

Breastfeeding is recognized as the preferred method of infant feeding by the American Academy of Pediatrics (AAP), the American Dietetic Association, the American College of Obstetrics and Gynecology, the American Public Health Association, and the National Healthy Mothers/Healthy Babies Coalition. The U.S. Department of Health and Human Services'

(DHHS) 1991 publication of Healthy People 2000: National Health Promotion and Disease Prevention Objectives has identified two national goals to increase breastfeeding initiation and duration rates: that at least 75 percent of all mothers will initiate breastfeeding at delivery, and at least 50 percent will continue breastfeeding for six months.

POLICY

All Plans must provide breastfeeding promotion, education and counseling services to their members, and must provide medically necessary breastfeeding related services.

1. Breastfeeding Promotion, Education and Counseling Services

All Plans must develop and implement breastfeeding promotion, and support strategies that are comprehensive and well integrated throughout the Plan's perinatal and pediatric services.

Plans are required to provide nutrition and health education assessments and interventions as part of prenatal care (MMCD Policy Letter 96-01). These health education and nutrition assessments and interventions must include breastfeeding education and counseling. Specifically, information on the benefits of breastfeeding, strategies to overcome common barriers to breastfeeding, and inadequacies of artificial milk substitutes must be an integral part of prenatal counseling.

Plans must also ensure that the obstetric, primary care and pediatric providers in their network provide postnatal support to postpartum breastfeeding mothers through continued health education, counseling, and the provision of medically necessary interventions such as lactation durable medical equipment. Plans must implement procedures to ensure that postpartum women receive the necessary breastfeeding counseling and support immediately after delivery. Assessment of breastfeeding support needs should be part of the first newborn visit after delivery.

Plans must have procedures for appropriate referrals of breastfeeding mothers to professional lactation consultation services. These services must be provided by knowledgeable health practitioners experienced in providing lactation consultation, such as physicians, registered nurses, and dietitians under the direction of a physician.

Plans must refer all Medi-Cal-eligible pregnant and breastfeeding members to the Women, Infants, and Children (WIC) Supplemental Nutrition program.

Breastfeeding promotion, education and counseling services and/or activities must be coordinated with the local WIC agency.

Plans with contract requirements for health education must include breastfeeding promotion, and education in both their member health education and provider education programs (See Enclosure 2). Plan members must be educated about the health benefits, economic advantages of breastfeeding, maternal and infant nutrition, lactation management, and the **commonly** perceived barriers to breastfeeding. Plans are encouraged to distribute culturally appropriate educational materials at provider sites during routine and prenatal care visits. All materials given to patients must be screened carefully for negative or contradictory messages about breastfeeding.

For mothers choosing to breastfeed, information regarding techniques for successful initiation of breastfeeding must be delivered to the mother at an appropriate time after delivery. The provision of postpartum health education, counseling, and support must be provided to breastfeeding women by hospital staff, or by alternate Plan arrangements such as designated lactation counselors made available to mothers.

Plans must not perform marketing functions for formula companies. Given that early supplementation of infant formula may lead to early termination of breastfeeding, formula samples, coupons, and materials from infant formula companies should not be routinely distributed to pregnant and postpartum women.

2. Durable Medical Equipment

Lactation management aids, classified as Durable Medical Equipment (DME), are covered benefits under the Medi-Cal program. Plans must provide medically necessary lactation DME, such as breast pumps and breast pump kits, to breastfeeding members. Specialized equipment, such as electric breast pumps, must be provided to breastfeeding Plan members when determined medically necessary. If the Plan requires prior authorization for lactation management DME, criteria must be developed based on sound clinical principles, and the medical needs of both the nursing mother and infant.

3. Human Milk Bank

Medi-Cal benefits include **enteral** nutritional supplemental or replacement formulas when medically diagnosed conditions preclude the full use of regular food (Title 22, California Code of Regulations, Section 5 13 13.3). Plans must

arrange for the provision of human milk for newborns in the following situation: mother is unable to breastfeed due to medical reasons, and the infant cannot tolerate or has medical contra-indications to the use of any formula, including elemental formulas. Plans must establish policies and procedures for ensuring the timely provision of human milk. At this time, the Mothers' Milk Bank at Santa Clara Valley Medical Center in San Jose, California, is the only human milk bank in the State of California (See Enclosure 3).

DISCUSSION

Given the extensive benefits of breastfeeding for the health of the mother and infant, and the significant numbers of pregnant women in the Plan's membership, it is essential for the Plan to implement comprehensive breastfeeding promotion strategies. Plans should consider broad approaches to the promotion of breastfeeding including: adoption of network-wide clinical standards, utilizing existing educational resources such as "Steps to Take: Guidelines for Comprehensive Perinatal Services," developed by the Maternal Child Health Branch, DHS, and working with local breastfeeding coalitions (See Enclosure 4).

One of the first decisions a new mother makes about infant care is whether she will breastfeed, use formula, or a combination of the two. Every mother has the right to determine how she will feed her baby. Thus, it is important for Plans to ensure that all pregnant and postpartum members are well-informed when making infant feeding decisions, and that support for breastfeeding is available and accessible after delivery.

Breastfeeding should begin as soon as possible after birth, preferably within the first hour. Exclusive breastfeeding is ideal nutrition sufficient to support optimal growth and development for approximately the first six months after birth. The AAP recommends that breastfeeding continue for at least 12 months, and thereafter for as long as it benefits both mother and infant. Plans may wish to design a joint management approach between pediatricians and obstetricians. The obstetrician's encouragement is essential to increasing the initiation frequency, and the pediatrician's support is essential to extending the duration of breastfeeding.

The period immediately after delivery is most critical in initiating breastfeeding. Plans are strongly encouraged to determine if their contracted hospitals for maternity services have procedures in place to facilitate the initiation of breastfeeding for their plan members. Plans may encourage contracted hospitals to provide in-service training to labor and delivery medical and nursing staff regarding the initiation of breastfeeding by mothers after delivery.

Although breastfeeding has many health benefits, there are some situations in which breastfeeding is not in the best interest of the infant. Provider training and member education services should include information about breastfeeding contraindications for certain health risks.

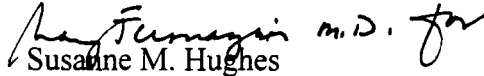
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According to the AAP, these include the infant with galactosemia, the infant whose mother uses illegal drugs, the infant whose mother has untreated active tuberculosis, and the infant whose mother has been infected with the human immunodeficiency virus (HIV). Although most over-the-counter medications are safe for breastfeeding women, the AAP lists some medications which may require temporary interruption of breastfeeding. These medications include radioactive isotopes, antimetabolites, cancer chemotherapy agents, and a small number of other medications. Various books and medication tables outlining drugs that are considered safe or are contradicted for use when breastfeeding have been written for physician reference.

Should you have any questions or need additional information regarding breastfeeding promotion and support service benefits covered under Medi-Cal managed care, please contact your contract manager.


Susanne M. Hughes
Acting Chief
Medi-Cal Managed Care Division

Enclosures

Importance of Breastfeeding

Breastfeeding Promotion Committee Report to the California Department of Health Services
Primary Care and Family Health

Human milk is uniquely suited for human infants.

- . Human milk is easy to digest and contains all the nutrients that babies need in the early months of life.
- . Breast milk contains factors that help infants grow and mature.
- . Factors in breast milk protect infants from a wide variety of illnesses.
- Breast milk contains antibodies specific to illnesses encountered by each mother and baby.
- . Fatty acids, unique to human milk, may play a role in infant brain and visual development.
- . In several large studies, children who have been breastfed had a small advantage over those who have been artificially fed when given a variety of cognitive and neurological tests, including measures of IQ.

Breastfeeding saves lives.

- . Lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS).
- . Human milk may protect premature infants from life-threatening gastrointestinal disease.

Breastfeeding infants are healthier.

- . Infants who are exclusively breastfed for a least 4 months are half as likely as artificially (milk or milk substitute other than mothers milk) fed infants to have ear infections in the first year of life.
- . Breastfeeding reduces the incidence and lessens the severity of bacterial infections such as meningitis, lower respiratory infections, and bacteremia in infants.
- . Breastfeeding is protective against infant botulism.
- . Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type I insulin dependent diabetes mellitus (IDDM).
- . Breastfeeding may reduce the risk for subsequent inflammatory bowel disease and childhood lymphoma.
- . Breastfed infants are less likely to have diarrhea.
- . Women who were breastfed as a child are less likely to develop multiple sclerosis.

Breastfeeding helps mothers recover from childbirth.

- . Breastfeeding helps the uterus shrink to its pre-pregnancy state and reduces blood lost after delivery.
- . Mothers who breastfeed for at least 3 months may lose more weight than bottle-feeding mothers.
- . Breastfeeding mothers usually resume their menstrual cycles 20 to 30 weeks later than bottle-feeding moms.

Breastfeeding keeps women healthier throughout their lives.

- . Breastfeeding can be an important factor in child spacing among women who do not use contraceptives.
- . Breastfeeding reduces the risk of breast and ovarian cancer.
- . Breastfeeding may reduce the risk of osteoporosis.
- . During lactation, total cholesterol, LDL cholesterol, and triglyceride levels decline while the beneficial HDL cholesterol level remains high.

Breastfeeding is economical.

- . The cost of artificial milk has increased 150 percent since the 1980s.
- . If no California infants were breastfed, the cost of artificial baby milk would exceed \$400 million per year.
- . Breastfeeding reduces health care costs.

Breastfeeding is environmentally sound.

- . Unlike artificial baby milk, breastfeeding requires no fossil fuels for its manufacture or preparation.
- . Breastfeeding reduces pollutants created as by-products during the manufacture of plastics and artificial baby milk.
- . Breastfeeding reduces the burden on our landfills.

Recommended Strategies for Breastfeeding Health Education and Promotion

1. Incorporate breastfeeding education into childbirth preparation and other appropriate classes offered to members.
2. Provide breastfeeding education and training, including resource materials, to perinatal, pediatric and primary care providers to support the breastfeeding mother and child.
3. Incorporate breastfeeding and lactation management into health assessment tools, protocols and practice guidelines.
4. Include breastfeeding as part of Individual, Group and Community Needs Assessments.
5. Provide culturally appropriate breastfeeding education materials to Plan members, providers and contracting hospitals.
6. Participate in community-wide breastfeeding education, promotion and outreach efforts, including local breastfeeding coalitions.
7. Identify and develop breastfeeding community support and referral resources.
8. Incorporate breastfeeding education into health advice, referral and/or hotlines in appropriate languages.
9. Develop methods to evaluate the number of members initiating breastfeeding at delivery and continuing for six months.
10. Support the Baby Friendly Hospital Initiative by promoting early postpartum breastfeeding practices.

Mothers' Milk Bank
at Valley Medical Center
est. 1974

75 1 South Bascom Avenue
San Jose, CA 95 128
(408) 998-4550

Maria Teresa Asquith
Director

Ronald S. Cohen, M.D.
Medical Director

STATEMENT OF PURPOSE

The Mothers' Milk Bank was formed in 1974 as the result of the medical demand for human milk to feed premature infants. Since the beginning of this program, more than 600,000 ounces of milk have been donated by over 2800 women. The medical uses of our milk range from feeding extremely premature babies to children and adults with severe allergic disorders that prevent them from eating normal foods. During its 23 years in operation, the Mothers' Milk Bank has supplied milk, by physician prescription, to over 4500 patients and has never turned away patients because of inability to pay.

While the Mothers' Milk Bank was established primarily to serve the needs of ill or premature infants whose mothers are unable to supply their own milk due to illness or medication, this organization has developed into an important resource for education about the benefits of human breast milk for lactating mothers as well as the lay and professional communities. The staff of the Mothers' Milk Bank also provides counseling and emotional support for parents of high-risk infants.

Our bank is the only human milk bank in California and is licensed as a tissue bank by the Department of Health Services of the State of California. We are recognized nationwide for leadership and innovation in milk collection, processing, storage and distribution. Our staff is working internationally to standardize milk banking procedures and protocols on methods to optimize the quality and safety of banked milk.

The Mothers' Milk Bank is recognized as the leading institution of its kind in the United States. Its procedures and protocols have been disseminated around the world. In recent years the Mothers' Milk Bank has received visitors **from** such far away places as England, France Germany, Bulgaria, Mexico South America, New Zealand, Australia, India, Thailand, Indonesia, and Armenia.

In most human tragedies we are reduced to helpless spectators. However, YOU CAN help save a sick or premature baby by becoming a volunteer donor or driver. It has never been easier to help save a life!

Regional Breastfeeding Coalitions in California

BAY AREA

Alameda County Breastfeeding Task Force

Lyn Diana, RD, MA
Alameda County MCAH
1000 Broadway
Oakland, CA 94605
(5 10) 6287953

Northern California Breastfeeding Coalition (Sonoma County)

Carol Allwine
Sonoma WIC Program
1030 Center Drive, Suite B
Santa Rosa, CA 95403
(707) 525-6590

Bay Area and Coastal Counties WIC Regional Breastfeeding Network in San Francisco County

Ann Rojas
680 8th Street, Suite 204
San Francisco, CA 94103
(415) 554-9728

San Francisco Breastfeeding Promotion Coalition

Ann Rojas, MPH, RD
San Francisco Department of Public Health
WIC Program
680 8th Street, Suite 205
San Francisco, CA 94103
(415) 554-9728

Breastfeeding Advisory Committee for San Mateo County WIC

Anne Garrett
San Mateo WIC
32 W. 25th Avenue, #203A
San Mateo, CA 94403
(415) 573-2955

Santa Clara Valley Breastfeeding Task Force

Kathy Wahl, RD
MCAH Program
976 Lenzen Avenue
San Jose, CA 95126
(408) 299-5850

Contra Costa Breastfeeding Task Force

Nancy Hill, MPH, RD, CLE
597 Center Ave., Suite 365
Martinez, CA 94553
(510) 313-6260

Solano County Breastfeeding Task Force

Denise Blunt, MS, RD
(707) 435-22 11
Teri Ewell
Solano County Health and Social Services
Nutrition Services WIC Program
2101 Courage Dr.
Fairfield, CA 94533
(707) 435-2212

CENTRAL CALIFORNIA

Breastfeeding Coalition of San Joaquin County

Kay Ruhstaller, RD
Delta Health Care WIC
P.O. Box 550
Stockton, CA 95201-0050
(209) 472-7093

Breastfeeding is Best Support (BIBS)

Carolyn Balliet
Mono County Health Department
PO Box 3329
Mammoth Lakes, CA 93546
(619) 924-5410

Central California WIC Breast-feeding Coalition

Julie Casillas
1920 Mariposa Mall, Suite 120
Fresno, CA 93727
(209) 263-1380

Central Valley Breastfeeding Task Force

JoAnn Skoufis, RNC, CLE
2037 W. Bullard Ave., #250
Fresno, CA 93711
(209) 439-4425

Kern County Breastfeeding Promotion Coalition

Linda Erb, Perinatal Services Coordinator
Kern Co. Dept. of Public Health
1700 Flower Street
Bakersfield, CA 93305
(805) 868-0523

COSTAL REGION

San Luis Obispo County

Olga Mireles, RN
SLO General Hospital
2180 Johnson Avenue
San Luis Obispo, CA 93401
(805) 781-4905

Santa Cruz County Breastfeeding Coalition

Roberta Bamet, RN, MS
Health Services Agency
1400 Emeline Avenue
Santa Cruz, CA 95060
(408) 454-4772

Ventura County Breastfeeding Coalition

Margie Wilcox Rose, RD, MPH
3147 Loma Vista Rd.
Ventura, CA 93003
(805) 652-3214

NORTHERN CALIFORNIA

Breastfeeding Council of Tehama County

Sue Mitchell, RD
St. Elizabeth Community Hospital
WIC Program
2550 Sr. Mary Columbia Dr.
Red Bluff, CA 96080
(9 16) 527-8791

Yuba/Sutter Breastfeeding Task Force

Kathy Ang, RD
Del Norte Clinics WIC Program
2 Ninth Street
Marysville, CA 95901
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SOUTHERN CALIFORNIA

Breastfeeding Task Force of Humboldt County

Star Siegfried, RN, IBCLC
Jacque McShane, RN IBCLC
Ninon McCullough, RN
712 4th Street
Eureka, CA 95501
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Breastfeeding Task Force of The Greater Los Angeles

Kiran Saluja, MPH, RD
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Northern California Breastfeeding Coalition

Janet Hill, RD, CLE
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2251 Florin Rd, Suite 100
Sacramento, CA 95822
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(916) 424-1 150

Inglewood Breastfeeding Coalition

Karen Meehan, MPH, RD
Public Health Foundation Enterprises
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(818) 856-6650

Oroville Community Coalition for Breastfeeding

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695 Oleander Avenue
Chico, CA 95926
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Orange County Breastfeeding Coalition

Laurence Obaid, MS, RD, CLE
Orange County HCA, WIC Program
1725 W. 17th Street
Santa Ana, CA 92706
(714) 834-7986

Siskiyu Breastfeeding Task Force

Patty Leal, RN, PHN, CLE
Siskiyu County WIC Program
1217E S. Main
Yreka, CA 96097
(916) 842-8242

San Bernardino County Breast-feeding Task Force

Bruce Smith, MD, MPH
799 E. Rialto Avenue
San Bernardino, CA 92415-00 11
(909) 383-3057

**San Diego County Breastfeeding
Coalition**

Mary Sammer, MS, RD

(760) 752-4324

Nancy Wight, MD, IBCLC

c/o Children's Hospital and Health Center

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San Diego, CA 92 123-4282

(916) 576-5981

WIC Consortium of Southern California

Kiran Salija, MPH, RD

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