Making the Benefits of Breastfeeding Outweigh the Barriers
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Disclosures

I do not have any financial interest/arrangements or affiliation with one or more of the corporate organizations offering financial support or educational grants for this continuing medical education program.

Photo courtesy of Tosha Francis of The Captured Life Photography
Objectives

• By the end of this presentation, the listener will be able to:
  • Identify at least 2 factors that influence African American feeding decisions;
  • State 2 barriers/challenges to breastfeeding; and
  • Identify at least 2 strategies to address barriers to breastfeeding among African American women.
Breastfeeding 101: Benefits, Rates & Goals
## Risks of Not Breastfeeding

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Excess Risk (%)</th>
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<tbody>
<tr>
<td>Hospitalization for lower resp tract infection 1st year</td>
<td>257</td>
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<tr>
<td>Necrotizing Enterocolitis (preterm infant)</td>
<td>138</td>
</tr>
<tr>
<td>Asthma, with family history</td>
<td>67</td>
</tr>
<tr>
<td>Type 2 Diabetes Mellitus</td>
<td>64</td>
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<tr>
<td>SIDS</td>
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<tr>
<td>Eczema</td>
<td>47</td>
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<tr>
<td>Childhood Obesity</td>
<td>32</td>
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<tr>
<td>Maternal Ovarian Cancer</td>
<td>27</td>
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<tr>
<td>Acute Lymphocytic Leukemia</td>
<td>23</td>
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<tr>
<td>Maternal Breast Cancer</td>
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</table>
2014 Breastfeeding Report Card

- Ever BF: 65.7, 79.2, 81.9
- BF at 6m: 34.4
- BF at 12m: 16.8
- EBF at 3m: 31.7
- EBF at 6m: 13.2

Bar chart showing percentages for DE, US, and HP2020 Goal.
Likelihood to Breastfeed-United States

• More likely to Breastfeed:
  o White upper-middle income
  o Married/Live-in companions
  o Higher educational level
  o Not a WIC recipient
  o Not born or reared in the United States

• Least likely to Breastfeed:
  o Non-Hispanic Blacks
  o Socio-economically disadvantaged groups
US Breastfeeding Trends by Race, 2000-2008

<table>
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<tr>
<th>Race</th>
<th>2000</th>
<th>2008</th>
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<tr>
<td>Any BF</td>
<td>70.3</td>
<td>74.6</td>
</tr>
<tr>
<td>Afr Amer</td>
<td>47.4</td>
<td>58.9</td>
</tr>
<tr>
<td>White</td>
<td>71.8</td>
<td>75.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>77.6</td>
<td>80</td>
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p <0.01 for any BF, Afr Amer, and White, p =0.2 for Hispanic.
Delaware Breastfeeding Trends by Race, 2004-2008

<table>
<thead>
<tr>
<th>Race</th>
<th>Initiation</th>
<th>6m</th>
<th>12m</th>
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<tr>
<td>Hispanic</td>
<td>74.4</td>
<td>38.4</td>
<td>19.6</td>
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<tr>
<td>White</td>
<td>67.7</td>
<td>37.7</td>
<td>16.9</td>
</tr>
<tr>
<td>Black</td>
<td>58.3</td>
<td>26.3</td>
<td>11</td>
</tr>
</tbody>
</table>
Whose Opinion Matters for Feeding Decisions?

- Mom’s perception
- Mom’s Doctor
- Significant Other
- Friends & Family

Image Source: Children’s National
Key Factors Influencing Feeding Decisions

- Personal Perception
- Exposure to Breastfeeding
- Breastfeeding Knowledge
- Complex Lifestyle Without Support
Addressing Breastfeeding Challenges
Call to Action to Support Breastfeeding

• Issued on January 20, 2011 by US Surgeon General Dr. Regina Benjamin
• 20 Action Steps that can be taken to support mothers who choose to breastfeed
• Key Message: Everyone can help make breastfeeding easier!

Photo courtesy of The American Academy of Pediatrics
Barriers to Breastfeeding

- Inadequate Knowledge
- Social Norms
- Poor Family/Social Support
- Embarrassment
- Lactation Problems
- Employment & Childcare
- Healthcare Related
Addressing Inadequate Knowledge

- Prenatal education more helpful for primigravida
- Information given needs to cover BF technique and build confidence
- Group discussions: myths, inhibitions, and practical demonstrations
- Talks about benefits: doubtful value
Prenatal Education

• Goal is
  – to increase mothers’ breastfeeding knowledge and skills, AND
  – to influence their attitudes toward breastfeeding

• Most effective single intervention for increasing breastfeeding initiation and short-term duration

• Should be taught by someone with expertise or training in lactation management

Photo courtesy of Jackie Hicks of Fond Memories Photography
Stages of Change

Prochaska’s Stages of Change: Processes & Activities that Can Be Promoted at Each Stage of Change

Pre-contemplation
- Consciousness Raising: Public education using mass media, small groups.
- Dramatic Relief: Taking action to decrease anxiety and other negative emotions through role-playing, grieving, testimonies, simulations, and other group activities.
- Environmental Re-evaluation: Learning how one’s actions affects one’s self-image through guided discussions, family members, testimonies, story telling.

Contemplation
- Self-Reevaluation: Reducing self-image through group activities:
  - Values clarification exercises
  - Contact and discussions with role models
  - Guided imagery (where people imagine themselves in the new situation [e.g., committed to abstinence])

Preparation
- Self and Social Liberation: Belief that one can change and commit to change, and creating social conditions for change by:
  - Changing community norms to favor change
  - Drawing attention to those who have made commitments
  - Organizing events for public commitments

Action
- Using and fostering social support and caring relationships through peer groups
- Contingency management: Reinforcing positive steps towards desired behaviors (e.g., commitments), giving group praises, and recognition
- Counter-conditioning: Learning to substitute healthy behaviors for problem behaviors (e.g., group activities, outlets)

Maintenance
- Continue positive reinforcement & social support through:
  - Continuance of support groups
  - Institutionalization (e.g., through local organizations), of rewards and recognition for keeping commitments.
- Stimulus Control: Removing triggers for unhealthy behaviors. Role-playing to substitute prompts for healthy behaviors.
- Maintain self-efficacy: Maintain confidence to resist temptations through regular discussions, accountability system.

Use of Mass Media, Motivational Interviewing techniques, and Other Methods

Skill Building, Social Support through Small Groups, and Other Methods
Addressing Embarrassment

Mom wrote:

I have breastfed three children... I have breastfed them in countless of places both pleasant and unpleasant, discreetly and out in the open. I have gotten many looks and stares, but tonight erases any negativity I have ever received. I ate at Fongs for the first time tonight. Having a fussy baby I nursed him for awhile in the booth and eventually left the table early as to not disrupt the restaurant. The waitress gave this receipt to my husband. I was speechless and emotional. Although I don’t need a pat on the back for feeding my child, it sure felt amazing. It is amazing how we women can make each other feel when we empower each other.
Addressing Social Norms

• Targeted interventions to increase public acceptance of breastfeeding
  – legislation ensuring the right to breastfeed
  – programs to improve acceptance of breastfeeding in public places
  – placement of nursing mothers’ lounges in public areas
  – interventions targeting child care facilities with breastfed infants and children
  – inclusion of breastfeeding in K-12 curricula
Addressing Employment & Childcare

• Employer Recognition
• Employer and Childcare Resources
• Legislation
  – State
  – Federal
Employer Recognition
Employer Resources

The Business Case for Breastfeeding

• National workplace initiative of US HRSA Maternal and Child Health Bureau

• Developed to address barriers and educate employers about the value of supporting breastfeeding employees in the workplace

• Trainings held in 32 states over 3 years through 2010
Business Case Training Initiative State Participants

- Alabama
- Alaska
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia
- Florida
- Georgia
- Hawaii
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maryland
- Michigan
- Minnesota
- Nevada
- New York
- North Carolina
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- Texas
- Utah
- Vermont
- Washington
- West Virginia
- Wisconsin
Wisconsin’s 10 Steps to BF Friendly Child Care Centers

1. Designate an individual or group who is responsible for development and implementation of the 10 steps.
2. Establish a supportive breastfeeding policy and require that all staff be aware of and follow the policy.
3. Establish a supportive worksite policy for staff members who are breastfeeding.
4. Train all center staff to carry out breastfeeding promotion and support activities.
5. Create a culturally appropriate breastfeeding friendly environment.
6. Inform expectant parents, new families and visitors about your center’s breastfeeding friendly policies.
7. Stimulate participatory learning experiences with the children related to breastfeeding.
8. Provide a comfortable place for mothers to breastfeed or pump their milk in privacy, if desired. Educate families and staff that a mother may breastfeed her child wherever they have a legal right to be.
9. Establish and maintain connections with your local breastfeeding coalition or other community resources.
10. Maintain an updated resource file of community breastfeeding services and resources kept in an accessible area for families.
Child Care Resources

New York State DOH BF Friendly Child Care Centers (Child and Adult Care Food Programs)
Breastfeeding Friendly Child Care

As a child care provider, you are one of the most important supports a breastfeeding mother has after she returns to work or school. Your daily support and encouragement make all the difference. Supporting a breastfeeding mother means respecting the effort she puts into providing her own milk for her baby, and making it as easy as possible for her to continue to do so. She may be too overwhelmed to tell you now, but she'll always look back and be thankful for the help you were able to provide.

Once you start to support your breastfeeding mothers, it's easy to make your child care center a breastfeeding-friendly employer as well.

Handouts for Child Care Providers

- **Breastfeeding Support in the Child Care Setting** - A one-page flyer you can post explaining the simple ways a childcare provider can support breastfeeding.
- **Child Care Provider Sample Policy** - A sample policy you can put right into your handbook, outlining the simple steps to being breastfeeding-friendly.
- **Human Milk Storage Guidelines** - Everything you need to know about safely storing, heating and feeding human milk.
- **Caring for Breastfed Babies** - Information about helping a breastfed baby adapt to the child care setting, guidelines for bottle-feeding in a way that supports breastfeeding, and ways to offer support and encouragement to breastfeeding mothers.

Return to Top
States with Mandates

- Arkansas
- California
- Colorado
- Connecticut
- District of Columbia
- Georgia
- Illinois
- Indiana
- Maine
- Minnesota
- Montana
- New Mexico
- New York
- Oklahoma
- Oregon
- Puerto Rico
- Tennessee
- Vermont
Healthcare Reform

• Signed into law by President Obama on March 23, 2010
• Section 4207 amends the Fair Labor Standards Act (FLSA) of 1938 (29 U.S. Code 207)
• Federal requirements do not preempt a state law that provides greater protections to employees
Healthcare Reform

• Requires an employer to provide a place, other than a bathroom, and reasonable, unpaid break time for an employee to express breast milk each time she needs to for her nursing child for one year after birth.

• If these requirements impose an undue hardship, an employer with less than 50 employees is not subject to them.*
Healthcare Reform

- Administered by state branches of the Department of Labor
- Covers most, but not all, employees
  - “Non-exempt”/hourly wage earners are covered
  - Salaried (executive, administrative, or professional), and certain other employees not covered by provisions of FLSA section 207 (e.g., teachers) are not
Child Care Legislation

- **Louisiana** and **DC** prohibit any child care facility from discriminating against BF babies.
- **Maryland** requires child care centers to promote proper nutrition and developmentally appropriate practices by establishing training and policies promoting breastfeeding.
- **Mississippi** requires licensed child care facilities to
  - provide BF mothers with a sanitary place that is not a toilet stall to BF their children/express milk
  - provide a refrigerator to store expressed milk
  - train staff in the safe and proper storage and handling of human milk
  - display BF promotion information to the clients of the facility.
Closing the Gap in Washington, DC
DC Breastfeeding Coalition, Inc.

- **Contact Information:**
  PO Box 29214
  Washington, DC 20017
  phone/fax: 202-470-2732
  website: [www.dcbfc.org](http://www.dcbfc.org)
  email: [info@dcbfc.org](mailto:info@dcbfc.org)

- **Our Mission:** The DC Breastfeeding Coalition was established to increase the breastfeeding rates of all infants living in the District of Columbia. Working in partnership with maternal and child health professionals, community health organizations, and mother-to-mother support groups, the DC Breastfeeding Coalition seeks to promote, protect and support culturally-sensitive programs and activities that build awareness and understanding of the preventive health benefits of breastfeeding. Through its breastfeeding research, advocacy and educational activities, the Coalition seeks to reduce health disparities -- particularly among the most vulnerable infants and children living in our communities.
DCBFC Life Cycle

• DC Breastfeeding Task Force organized in 2003
• OWH Community Demonstration Project:
  – develop a DC Resource Guide
  – promote National Breastfeeding Awareness Campaign
• DC Breastfeeding Coalition incorporated as 501(c)(3) organization in 2004
• 20-25 paid members per year (1-3 corporate)
• Volunteer-driven; grant-paid program staff
Moving the Needle in DC

- DC Breastfeeding-Friendly Hospital Initiative (2008)
- Breastfeeding-Friendly Workplace Awards (2010)
- Surgeon General’s Call to Action to Support Breastfeeding (2011)
- Children’s National East of the River Lactation Support Center (2011)
- CDC Best Fed Beginnings Collaborative (2012)
- Bag Free DC (2014)
DC Breastfeeding-Friendly Hospital Initiative
DC Breastfeeding-Friendly Hospital Initiative (2008)

- Funded by Office on Women’s Health
- Developed by the DC Breastfeeding Coalition
- Evaluate practices and policies that most support breastfeeding
- Evaluate which facility has the best website for breastfeeding
- Survey tools used criteria from the Ten Steps to Successful Breastfeeding
DCBFHI Results

• All 8 birthing facilities in DC participated in baseline evaluation
• Educational interventions held at 6 of the 8 facilities
• Post-intervention evaluations performed of all facilities’ websites
• 2 facilities completed revision of breastfeeding policies in time for post-intervention evaluation
• Post-intervention practices evaluated in 5 of the 8 facilities
• Difference between baseline and post-intervention scores trended toward positive but not statistically significant
• Wide variation in breastfeeding support and initiation rates
Breastfeeding Initiation Rates by Facility

![Bar chart showing breastfeeding initiation rates by facility. The x-axis represents facility numbers from 1 to 8, and the y-axis represents the percentage of reported breastfeeding initiation. Facility 5 has the highest rate, while Facility 6 has the lowest rate.]
Children’s National
East of the River Lactation Support Center
Situation

• More than 75% of women in the US initiate breastfeeding.
• 2/3 of women in the US are unable to reach their breastfeeding goal.

Photo courtesy of Tosha Francis of The Captured Life Photography
Children’s National Lactation Support Center

- Collaboration between Children’s National, DC Breastfeeding Coalition and DC WIC
- Start-up funding by USDA/WIC Grant in FY10-11; Current funding by W. K. Kellogg Foundation and DC Department of Health (local, NACCHO, ASTHO)
- Grand Opening: April 20, 2011; Re-opening in May 2013
- Location: Children’s Health Center (pediatric medical home) in shared space with WIC clinic
The Perfect Storm

Lack of Knowledge

Limited BF Support

Low Income African American
Limited Breastfeeding Support

- **Support Services Offered**
  - Prenatal Breastfeeding Education/Consults (prior breastfeeding difficulties, previous breast surgeries, medical problems that may interfere with nursing)
  - Post-partum Breastfeeding Consults (ideally within 3-5 days of hospital discharge then as needed, transitioning from bottle to breast/re-lactation assistance)
  - Beautiful Beginnings Club meetings (mom-to-mom support gatherings, families welcome)
  - Nutritional Education (Certified Lactation Specialists)
  - Breastfeeding Equipment & Supplies
Lack of Knowledge

• Prenatal Breastfeeding Education Classes
  – 4 week rotating sessions
  – Reminder calls/emails offered to participants
  – Class Overview:
    • Getting Started
    • Breastfeeding in the First Few Weeks
    • Keeping Things Up When Life Returns
    • Breastfeeding After 6 Months
Current Staffing Model

• Center Staff:
  – Full time Breastfeeding Peer Counselor (2\textsuperscript{nd} peer counselor to staff 3\textsuperscript{rd} location)
  – Part time IBCLC

• Hours: Monday through Friday, 8:30a – 5p
Clients Served (May 2013-Feb 2015)

Breastfeeding Consults

<table>
<thead>
<tr>
<th></th>
<th>WIC</th>
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<th>Non-WIC</th>
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<tbody>
<tr>
<td></td>
<td>FY13</td>
<td>FY14</td>
<td>FY15</td>
<td>FY13</td>
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<tr>
<td>Prenatal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In Person</td>
<td>11</td>
<td>74</td>
<td>25</td>
<td>3</td>
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<tr>
<td>By Phone</td>
<td>0</td>
<td>98</td>
<td>56</td>
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<tr>
<td></td>
<td>0</td>
<td>79</td>
<td>50</td>
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</table>

Prenatal Classes

- Participants: FY13 - 6, FY14 - 43, FY15 - 21
- Classes: FY13 - 6, FY14 - 16, FY15 - 17
Creating a Baby-Friendly District of Columbia
Background

• September 2005: Birth of Kijani Long
• 2008: DC Breastfeeding-Friendly Hospital Initiative
• January 2012: MedStar Georgetown University Hospital becomes first BFHI designated birthing facility in DC
• 2012: 2 DC birthing facilities accepted into Best Fed Beginnings (BFB) Collaborative
• June 2013: DCBFC awarded CDC-funded CTG through DC DOH and launched Creating a Baby-Friendly District of Columbia Initiative
What Can We Do To Increase Breastfeeding Rates in the African American Community? (Feb 23, 2012)

Recently MedStar Georgetown University Hospital became the first maternity facility in the nation’s capital (in fact the entire Washington Metropolitan area) to achieve elite designation as a Baby Friendly Hospital. As president of the D.C. Breastfeeding Coalition, I applaud this achievement. I personally witnessed the tremendous work and dedication it took for all involved including the hospital’s executive leadership, the lactation services department and the entire maternal and child healthcare team to achieve this honor.

I’m conflicted, however, because I work on the other side of the city, in an area of the District that consists primarily of African American families that do not benefit from the services provided by MedStar Georgetown. Many of the mothers I counsel choose against breastfeeding, most refuse to even try. These mothers often express that they are comfortable giving formula because it has worked for so many of them and their friends. In fact, 2006 CDC data indicated that while 97 percent of non-Hispanic Whites in the District initiate breastfeeding, only about 55 percent of non-Hispanic Blacks do. My fear is that the disparity in breastfeeding rates will only increase unless facilities closer to where I work follow...
Program Design

• Creating a Baby-Friendly District of Columbia Initiative RFA posted on the DCBFC website with an August 9, 2013 deadline

• With approval from NICHQ, BFB application was modified to allow consistency with the selection criteria of the birthing facilities

• Collaborated with local organizations to maximize reach and minimize costs

• Three maternity facilities selected to participate!

• Each grantee received technical and financial assistance with navigating the 4-D Pathway
Program Design

- Developed and maintained interactive web-based portal for data collection, information sharing and dissemination
- Five technical webinars developed and hosted
- Facilitated 4 Skills Lab Training sessions
- Train-the-Trainer program subcontracted by Lactation Education Resources to assure training sustainability
- Provided guidance, support and direction to each facility's breastfeeding steering committee, attended quarterly meetings
- Collected and analyzed data on 8 indicators aligned with TJC and BFUSA requirements, providing real-time breastfeeding-related outcome measures
Program Outcomes/Lessons Learned

• 2 facilities reached D3 by program target date (last needed additional 3 months)
• Additional local funding secured to continue an additional year
• Data collection was/is major challenge for largest facility
• Each facility required individualized approach/assistance
• Financial incentive was insufficient to achieve change
Recap

• Barriers to breastfeeding among African American women compounded and complex.
• Engagement of all those influential in mom’s life is required to successfully overcome barriers.
• Multiple strategies across continuum of breastfeeding “life cycle” may be required.
Thank you! Questions?

A RISING TIDE LIFTS ALL BOATS!
References

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