



# The Courage to Love: Implications for Care, Research and Public Policy to Reduce Infant Mortality “African-American Women and Breast-feeding”

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*“Breastfeeding is the most precious gift a mother can give to her infant. When there is illness or malnutrition, it may be a lifesaving gift; when there is poverty, it may be the only gift.”*

~ Ruth Lawrence, MD

## BACKGROUND

The United States of America suffers from the breastfeeding blues. During the 20th century, slowly—decade by decade—this great country became a formula-feeding nation. The events that followed Hurricane Katrina’s devastating path through the Gulf Coast in September 2005 exposed the enormous public health implications of being a formula feeding nation. Instead of receiving clean, healthy food from their mothers’ breasts, babies sucked on dirty bottles of unknown liquids. We watched in horror as our tiniest citizens, so many of them black, grew sicker and drier right before our eyes. Then, in an effort to help, citizens responded by sending money and truckloads and cargo planes full of supplies, including boxes and boxes of infant formula. Kim Durdin-James, national president of the African-American Breastfeeding Alliance (AABA), summed it up well in saying, “In the best of times, breastfeeding is the optimal feeding choice for young children because it provides babies with all vital nutrients for growth and development, but in times of disaster, breastfeeding can mean the difference.

### *The National Commission on Infant Mortality finds that:*

- ***Breastfeeding is linked with nutrition, infant and maternal health, public health, maternal self-esteem, maternal/infant bonding, corporate influence in healthcare, and especially infant mortality***
- ***Black babies are at the highest risk of dying before they reach their first birthday and black women breastfeed at the lowest rates of any racial group in our nation.***

Human milk is uniquely suited for human infants. The breastfed infant is the “reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short-term outcomes.” Evidence-based –research shows that human milk is the healthiest form of nutrition for all babies (with rare exceptions) including sick and premature infants. According to the 2005 policy statement of the American Association of Pediatrics, breastfeeding offers protection against ear infections, diarrhea, lower respiratory infections, bacterial meningitis, urinary tract infection, diabetes, lymphoma, chronic digestive diseases, and obesity.

## OBSTACLES OF BREASTFEEDING

- Insufficient prenatal education about breast-feeding;
- Healthcare staff with insufficient training in lactation medicine;
- Disruptive hospital policies and practices;
- Commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and TV and magazine advertising;
- Early use of supplements, artificial nipples, and pacifiers;

- Early hospital discharge; Lack of timely routine follow-up and postpartum home health visits;
- Maternal employment, including short maternity leave;
- Lack of workplace support, including appropriate facilities and adequate time for breastfeeding/breast milk expression;
- Lack of peer and family support (e.g. father of the baby, grandmother);
- Lack of societal support;
- Lack of role models;
- Lack of health insurance support;
- Media portrayal of formula (bottle) feeding as the norm;
- Misinformation/lack of access to current, accurate information; and
- Lack of guidance and encouragement

### **PREDICTORS OF BREASTFEEDING**

Various factors have been found to be predictors of the decision to breastfeed: income (rich women are more likely to breastfeed than poor women); education (the college educated more than the less educated); age (older more than younger); ethnicity (foreign-born more than U.S.-born); employment (unemployed more than employed); religion (Catholic more than Protestant); maternal attitudes (positive self-image more than less positive, health conscious more than less health conscious); type of birth (vaginal more than Cesarean); health of infant immediately after birth (healthy more than less healthy); birth order (first born more than later born); region of country (West coast more than any other area) [see the Appendix for a listing of 2004 breastfeeding initiation rates by state and a listing of 2004 rates of breastfeeding at 6 months by state]; and race.

### **POLICY RECCOMENDATIONS**

A great deal of work needs to be done to increase breastfeeding rates and close the racial and ethnic breastfeeding gaps. Changes need to occur in a variety of settings, including the family, the community, the healthcare sector, the workplace, and society.

choice for all women. For example, an African American female celebrity could be recruited to serve as a spokesperson for breastfeeding. Imagine the impact of a positive, educational show about breastfeeding on the Oprah Winfrey show.

#### **1. The culture needs to change.**

The federal government must become more actively engaged in supporting national breastfeeding organizations, including the United States Breastfeeding Committee (USBC), Baby-Friendly USA, and the Academy of Breastfeeding Medicine (ABM). These organizations are in dire need of financial support. Support should be given to the African-American Breastfeeding Alliance due to its unique mission to support and educate African American women who wish to breastfeed. Support to the U.S. Department of Health and Human Services Office of Women's Health should be expanded to fund a follow-up program to the successful National Breastfeeding Awareness Campaign. The media should be encouraged to portray breastfeeding as the norm—the desirable and attainable feeding

#### **2. Hospital practices and systems need to change.**

Every licensed maternity site should be required to become Baby-Friendly and thus follow the Ten Steps to Successful Breastfeeding. Hospitals should not be allowed to accept free formula and formula products. The hospital practice of giving out to new mothers discharge packs that have been provided for free by infant formula companies should be banned nationwide. Doula programs and peer counselors should be supported in the hospital setting.

#### **3. Healthcare professionals need training on the basics of lactation, breastfeeding counseling, and lactation management.**

Four Breastfeeding Centers of Excellence should be selected out of existing exceptional programs. The Centers should receive funding to support their programs with the mandate that each center

hold two educational workshops per year for healthcare staff in their region. Emphasis should be placed on educating physicians, as they are the power brokers in the healthcare system.

#### **4. Maternity leave policies should be extended to better support new families.**

The workplace needs to change to become breastfeeding friendly by providing private rooms for breastfeeding or breast milk expression, breast pumps, milk storage, breaks during the work day, flexible work schedules, and on-site childcare facilities. Laws affecting the workplace that promote and support breastfeeding, like the breastfeeding bills sponsored by Congresswoman Carolyn Maloney (D-NY), should receive bipartisan support.<sup>85</sup> Examples of these bills include:

- The Pregnancy Discrimination Act Amendments of 2000 (H.R. 1478, H.R. 3861/S 3023). These amendments clarify the Pregnancy Discrimination Act to protect breastfeeding under civil rights law, requiring that women cannot be fired or discriminated against in the workplace for expressing breast milk (or directly breastfeeding) during their own lunch time or break time.
- The Breastfeeding Promotion and Employers' Tax Incentive Act (H.R. 1163). This Act encourages employers to set up a safe, private, and sanitary environment for women to express (or pump) breast milk by providing a tax credit for employers who set up a lactation location, purchase or rent lactation-related equipment, hire a lactation consultant, or otherwise promote a lactation-friendly environment.
- The Breast Pump Safety Act (H.R. 3372). This Act requires the U.S. Food and Drug Administration to develop minimum quality standards for breast pumps to ensure that products on the market are safe and effective.

#### **5. Health insurance should cover lactation needs.**

Insurance companies should be encouraged to pay for breast pumps for all mothers and for

lactation consultant support both in the hospital and at home in the early postpartum period

### **PROMISING MODELS AND PRACTICES**

#### **Doula Support**

“Doula” is derived from the Greek word for “slave.” A doula is a woman, often a trained lay person, student midwife, or midwife, experienced in child birth that provides continuous physical and emotional support to the laboring mother. This support consists of praise, encouragement, reassurance, comfort measures, physical contact, and explanations about progress during the labor. In a meta-analysis of ten studies, a doula’s presence was shown to reduce length of labor, reduce cesarean births, reduce the use of pain medications, reduce use of forceps, lead to better mother-infant interaction, lead to greater maternal satisfaction, and improve breastfeeding rates.

#### **WIC**

(1) In 1989, the Child Nutrition and WIC Reauthorization Act mandated that a minimum of \$8 million in NSA funds must be expended nationally for the promotion and support of breastfeeding. This law allowed WIC to divert \$8 million of the total appropriation to breastfeeding activities. The Act also required each state agency to designate a breastfeeding promotion coordinator and to establish standards for breastfeeding promotion and support, which included, at a minimum: (a) a policy that creates a positive clinic environment that endorses breastfeeding as the preferred method of infant feeding; (b) a requirement that each local agency designate a staff person to coordinate breastfeeding promotion and support activities; (c) a requirement that each local agency incorporate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients; and (d) a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods. Congress also authorized the expenditure of NSA funds for breastfeeding aids (breast pumps, breast shells, nursing supplementers, nursing bras, and pads) that directly support the

initiation and continuation of breastfeeding.

(2) The Healthy Meals for Healthy Americans Act of 1994 made several program changes in support of breastfeeding. The Act changed the \$8 million target level to a national minimum breastfeeding promotion and support expenditure of \$21 for each pregnant and breastfeeding woman.

For fiscal year 1995, the targeted spending was approximately \$21 million from NSA funds.

(3) The William F. Goodling Child Nutrition Reauthorization Act of 1998 authorized WIC state agencies to use WIC food grant funds to purchase or rent breast pumps. Previously, only NSA funds could be used for this purpose.

(4) Postpartum women who are not breastfeeding are eligible for WIC benefits for only six months compared with breastfeeding women who retain WIC eligibility for one year postpartum.

(5) Several WIC food packages are designed specifically for breastfeeding women. Food Package V, the basic package for pregnant and breastfeeding women, includes different types of milk (fluid whole, low-fat, or skim; evaporated; dry; Lactaid; etc.) up to a maximum of 28 quarts per month and domestic cheese that can be substituted for some of the milk. The package also includes eggs, cereal, juice, and dried beans/peas or peanut butter. (6) WIC provides breastfeeding education to all women who enter the program.

(7) WIC is involved in professional seminars that train healthcare providers on the principles of lactation management.

(8) WIC has a national breastfeeding and promotion campaign, "Loving Support Makes Breastfeeding Work."

### **Peer Counselor Programs**

Peer counselor programs have been studied in a variety of settings, primarily to investigate their impact on increasing breastfeeding duration and exclusivity rates among women from communities with low breastfeeding rates.

### **Rush Mother's Milk Club**

The Mother's Milk Club at Rush Children's Hospital in Chicago, Illinois, is widely recognized as the national model for providing breastfeeding services in the Neonatal Intensive

Care Unit (NICU) setting. Paula Meier, the club's founder, started the program in 1996 with the goal of helping mothers with very low-birthweight infants (under 1.5 kg.) supply breast milk for their newborns.

The four main criteria of the Rush Mother's Milk Club are:

1. Expressing milk for the infant's feedings;
2. Skin-to-skin (kangaroo) care and suckling at the empty breast as tactile stimulation and "practice" for the infant;
3. Feeding at the breast as soon as the infant can suck and swallow; and
4. Helping prepare for breastfeeding once the baby is discharged from the hospital.

### **Baby Friendly Hospital Initiative**

As noted above, UNICEF and WHO launched the Baby-Friendly Hospital Initiative (BFHI) in 1991 with the aim of increasing rates of breastfeeding worldwide. "Baby-Friendly" is a designation a maternity site can receive by demonstrating to external assessors compliance with the Ten Steps to Successful Breastfeeding. The Ten Steps are a series of best practice standards describing a pattern of care where commonly found practices harmful to breastfeeding are replaced with evidence-based practices proven to increase breastfeeding initiation and duration outcome. A Baby-Friendly hospital in the U.S. operates differently from a standard hospital. For starters, the hospital has a breastfeeding policy that sets out an evidence-based framework to support and guide staff. Staff are trained in ways to implement the breastfeeding policy. Staff education is the central component of the Baby-Friendly program, guaranteeing that health professionals who have contact with breastfeeding women will possess the knowledge and training to support them to breastfeed successfully. Great care is taken to provide all pregnant women with clear information on the health benefits of breastfeeding and practices that are beneficial to success so they can make an informed decision about their chosen feeding method. The routine in a Baby-Friendly hospital is for mothers to be given their babies to hold in skin-to-skin contact immediately after birth (or as soon as mother and baby are able).

