Poverty, Social Justice and Breastfeeding

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HealthConnect One

New Mexico Breastfeeding Task Force 22nd Annual Conference
Learning Objectives

• By the end of this session, participants will:
  • Identify two current policies that impact breastfeeding equity
  • List three components that positively impact breastfeeding rates in underserved communities
  • Feel comfortable discussing breastfeeding from a social justice framework
About HealthConnect One (HC One)

- HC One is the national leader in advancing respectful, community-based, peer-to-peer support for pregnancy, birth, breastfeeding and early parenting.
- Our vision is to see every baby, mother, and family thrive in a healthy community.
- Since 1986, HC One has focused on collaborative work with grassroots maternal and child health and social service providers.
Breastfeeding

• Globally: Breastfeeding “it is one of the few health-positive behaviours more common in poor countries than rich ones. In low-income countries, most infants are still breastfed at 1 year, compared with less than 20% in many high-income countries and less than 1% in the UK.”

• USA: Breastfeeding disparities exist based on income, race, age, etc.
## Breastfeeding Rates

<table>
<thead>
<tr>
<th>Socio-demographic Factors</th>
<th>Any Breastfeeding</th>
<th>Exclusive Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ever Breastfed</td>
<td>Breastfed at 6 Months</td>
</tr>
<tr>
<td></td>
<td>% ± half 95% CI</td>
<td>% ± half 95% CI</td>
</tr>
<tr>
<td>US National</td>
<td>15141</td>
<td>80.0±1.2</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7744</td>
<td>79.7±1.7</td>
</tr>
<tr>
<td>Female</td>
<td>7397</td>
<td>80.4±1.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2788</td>
<td>82.4±2.8</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>8811</td>
<td>83.0±1.3</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1476</td>
<td>66.4±3.8</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>683</td>
<td>83.2±7.6</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>96</td>
<td>83.9±14.1</td>
</tr>
<tr>
<td>Non-Hispanic American Indian/Alaska Native</td>
<td></td>
<td>217</td>
</tr>
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</table>
Breastfeeding Rates

<table>
<thead>
<tr>
<th>Poverty Income Ratio</th>
<th>Less than 100</th>
<th>100 – 199</th>
<th>200 – 399</th>
<th>400 – 599</th>
<th>600 or greater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3840</td>
<td>71.4±2.6</td>
<td>37.7±2.9</td>
<td>19.8±2.5</td>
<td>3768</td>
</tr>
<tr>
<td></td>
<td>2952</td>
<td>79.0±2.6</td>
<td>49.1±3.3</td>
<td>27.9±3.1</td>
<td>2880</td>
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<tr>
<td></td>
<td>4028</td>
<td>86.0±2.0</td>
<td>59.5±2.9</td>
<td>36.4±3.0</td>
<td>3920</td>
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<tr>
<td></td>
<td>2379</td>
<td>88.2±2.1</td>
<td>66.3±3.5</td>
<td>38.1±3.8</td>
<td>2317</td>
</tr>
<tr>
<td></td>
<td>1942</td>
<td>90.9±2.1</td>
<td>70.4±3.5</td>
<td>39.1±4.2</td>
<td>1883</td>
</tr>
</tbody>
</table>
2012: Percent of infants who were ever breastfed †§

Footnotes
† Ever breastfeeding is defined by the question "was [child] ever breastfed or fed breast milk?"
‡ Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame. Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit http://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.
§ Only breastfeeding rates based on a dual-frame sample that includes respondents surveyed on landline or cellular telephones are included in trend graphics. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit http://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.

Notes
Breastfeeding indicators are calculated by year of child's birth rather than survey year. Because children are 19-35 months of age at the time of the parent interview, each survey year represents children born over three years and each birth year can consist of respondent data from up to three survey years.

The rates from the 2009 birth year and onward represent about 2/3rds of the NIS participant children born in this year. These rates will not be replaced the following year with final rates as was done previously.
Caution...
Opportunity: Acknowledge

- Structural racism: "The history, public policies, institutional practices, and cultural stereotypes and norms that together maintain racial hierarchies and inequitable racial group outcomes" definition developed by the Aspen Institute Roundtable on Community Change.
Opportunity: Acknowledge

• Implicit biases impacting service delivery

“My experience when I was pregnant was different, because they never mentioned breastfeeding, **they never asked me if I was going to breastfeed**, they didn’t say that there were classes available. **It was not spoken about.** I guess they just thought I wasn’t going to breastfeed. **I was a young Hispanic mom, so they probably just assumed I wasn’t going to do it.** The way that I was treated made it pretty clear how they perceived me. ..Most patients are low-income, like myself. They never told me anything about breastfeeding. I didn’t see any posters, bulletins, or pamphlets about breastfeeding.”

Racial Equity Learning Community Blog; Breastfeeding Moms' Voices Across America: Jasmin Coreno; http://www.usbreastfeeding.org/p/bl/et/blogid=65&blogaid=524
Opportunity: Acknowledge

• Illinois women do not all share the same hospital experience in terms of breastfeeding support practices.
  • Black women are less likely to benefit from breastfeeding-supportive practices than white and/or Hispanic women.
  • Black women are also more likely than white and Hispanic women to experience the hospital practices that discourage breastfeeding: pacifier use and formula gift packs.
Opportunity for...

• Self-Reflect, Engage, Explore
• Collective Action
• First Food Equity
Breastfeeding a Reproductive Right

• First Food Equity
• “Breastfeeding could prevent 20,000 annual deaths from breast cancer”
• Life Saving
• Quality of Life
Breastfeeding is a Social Justice Issue

• “Breastfeeding could prevent 823,000 annual death in children younger than 5 years”
• Black and Native American Babies dying a higher rate than White babies.
• As a society being able to provide a strong foundation for every child regardless of race, income or level of education.
• Powerful Community-Resource
Breastfeeding a Public Health Imperative

- Investment
- Economic savings of US 300 Billion
As a society how are we building breastfeeding equity?

- Prenatal Counseling on Infant Feeding Options
- Maternity Care Practices
- Work Place Policies
- Paid Family Leave
- Breastfeeding Friendly Childcare
- Reimbursement for ALL breastfeeding support providers
- Access to culturally relevant and language appropriate breastfeeding support
2015: Percent of live births occurring at facilities designated as "baby friendly" by the Baby Friendly Hospital Initiative (BFHI) †

Footnotes
† Numerator: Number of live births at hospitals designated as "baby friendly".
Denominator: Number of live births.

Data Source
Breastfeeding Surveillance Sources

Suggested Citation
2010: Existence of state legislation mandating employer lactation support †

Footnotes
† State requires employers to provide space and time for lactation.

Data Source
National Conference of State Legislatures. "Breastfeeding Laws"

Suggested Citation
2015: State’s child care regulation supports onsite breastfeeding †

Footnotes
† State scores were determined by the National Resource Center for Health and Safety in Child Care and Early Education (1A1 - support breastfeeding by making arrangements for mothers to feed their child on-site). State child care regulation is categorized as fully supportive of onsite breastfeeding if all child care entities licensed by the state have a score of 4 (fully supportive) on this item.

Data Source
Breastfeeding Surveillance Sources

Suggested Citation
Question for us to consider...

• How does this policy address equity?
• Who benefits from this policy?
• How does policy impact certain groups? E.g. communities of color, underserved communities etc.
Just because it's equitable it does not mean it's JUST:
Community-Based Doula Approach

Community-Based Doula Program:

- Provide ongoing, relationship-based, peer-to-peer support
  - Doulas: Prenatal, Labor & Birth, Postpartum

- Serve women in low-income, underserved communities

- A Community Health Worker home visiting model
The Perinatal Revolution

White Paper on Community-Based Doula Program that includes:

• Analysis of program data from 4 years of community-based doula program implementation

• Expert panel recommendations on future sustainability of program
Participating Sites

- MHP Salud (Migrant Health Promotion), TX
- Families First, GA
- The Birth Circle, PA
- Birth Matters, SC
- Brooklyn Young Mothers Collective, NY
- Great Lakes Inter-Tribal Council, WI
- Healthy Family Initiatives, TX
- Mothering Mothers, NJ
Participant Characteristics

• N=592 women; all were first time mothers
• 47% Hispanic, 33% Black or African American
• Majority between 18-24 years (51.18%)
• 65.6% completed some high school or high school/GED
• 86.6% were eligible for WIC (economically disadvantaged)
• 42.38% experienced a medical condition (i.e., heart disease, diabetes, asthma)
• Many mothers were experiencing challenges (economic, family, physical and mental health)
Impact of Community-Based Doula Program

WHY DOES THE COMMUNITY-BASED DOULA PROGRAM WORK?

- It builds heroes
- It connects families with health care resources in their own neighborhoods
- It focuses tightly on a critical time in a new family’s life
- It supports the capacity of mothers to protect their children
Community-Based Doula Program Evaluation Outcomes

• Retrospective analysis of program data from 8 sites across 4 years of program implementation (2008-2012).

• Benchmark Data:
  • PRAMS (Pregnancy Risk Assessment Monitoring System) from 2008-2010
  • Other sources: Birth Certificate Data, mPINC 2011
Breastfeeding

BREASTFEEDING DURATION: HISPANIC MOTHERS

*sample of participants in PRAMS (Pregnancy Risk Assessment Monitoring System)
Breastfeeding

BREASTFEEDING EXCLUSIVITY: HISPANIC MOTHERS

*Sample of participants in PRAMS (Pregnancy Risk Assessment Monitoring System)
Breastfeeding Duration: Black or African American Mothers

Breastfeeding Initiation: 76.83%

6 weeks: 74.49%

3 months: 56.94%

6 months: 37.14%

*Sample of participants in PRAMS (Pregnancy Risk Assessment Monitoring System)
Breastfeeding

BREASTFEEDING EXCLUSIVITY: BLACK OR AFRICAN AMERICAN MOTHERS

*Sample of participants in PRAMS (Pregnancy Risk Assessment Monitoring System)
Spotlight on Tribal Communities

A small, but important, number of American Indian participants were served by community-based doula programs in this cohort (4.6%). The community-based doula site at Great Lakes Inter-Tribal Council, which served 4 different tribal communities, experienced a number of positive health outcomes, including high breastfeeding rates and low C-section rates.

<table>
<thead>
<tr>
<th>Great Lakes Inter-Tribal Council Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding initiation rate</td>
</tr>
<tr>
<td>Breastfeeding rate at 6 months</td>
</tr>
</tbody>
</table>

* Exceeds national American Indian rate of 69.8%, and HP2020 national goal of 81.9%.
C-Sections

![Bar chart showing percentages of Community-Based Doula Participants and PRAMS (Pregnancy Risk Assessment Monitoring System) participants. The chart indicates that 24% of Community-Based Doula Participants and 30% of PRAMS participants received C-sections.]

*sample of participants in PRAMS (Pregnancy Risk Assessment Monitoring System)
Skin-to-Skin

Newborns practicing skin-to-skin within 1st two hours after birth

73% (319/437)
Impact of Program Fidelity on Breastfeeding Outcomes

- Doula’s attendance at birth
- Doula presence longer than 2 hours after birth
- 6 or more prenatal visits
Impact of Peer to Peer Approach

- LISTEN
- Building Trusting Relationships
- Access to continuous support
- Identify community leaders
- Cultural relevance
- Respectful Engagement
- Engage community in identifying problems and solutions
- Strength-based approach
Additional questions/comments/feedback?

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http://www.facebook.com/healthconnectone
https://twitter.com/HealthConnectOne
http://breathepushgrow.wordpress.com/
Reference List


Reference List


• The Henry J. Kaiser Family Foundation

• http://kff.org/other/state-indicator/infant-mortality-rate-by-race-ethnicity/

• http://www.thelancet.com/series/breastfeeding

• http://www.aspeninstitute.org/policy-work/community-change/racial-equity/publications