

African American Women's Experiences in a "Baby Friendly" Setting: Infant Feeding Practices Among Genesis Women's Center Patients

Tara F. Deubel, Ph.D.
Assistant Professor
Dept. of Anthropology
University of South Florida

Research collaborators

- Investigators:
 - Elizabeth Miller, PhD (USF Anthropology), Principal Investigator
 - Adetola Louis-Jacques, MD, PhD (Fellow in Maternal Fetal Medicine in USF Morsani College of Medicine, Dept. of Ob-Gyn)
 - Ivonne Hernandez, PhD, IBCLC, RN (LC at TGH)
 - Tara Deubel, PhD (USF Anthropology)
- Partners:
 - USF Office of Community Engagement & Partnerships (Research that Matters grant, 2015)
 - Genesis Center for Women
 - Tampa General Hospital
 - Hillsborough County Breastfeeding Task Force



Drs. Hernandez, Miller, and Louis-Jacques

Research problem

- African American women served by Genesis have lowest rates of breastfeeding initiation (68.8%) and EBF (7.3%) at discharge.
- **Key questions:**
 - What factors are affecting women's post-partum infant feeding choices?
 - What are biggest challenges for breastfeeding?
 - How can breastfeeding support be improved for African American women?

Breastfeeding Rates, August 2014			
Population	Deliveries (n)	BF Initiation %	EBF % at discharge
TGH (all)	441	84%	46%
Genesis (all)	133	75.2%	19.7%
Genesis Af-Am.	46	68.8%	7.3%
Genesis Hispanic	45	90.5%	29.4%
Genesis White	28	75%	19%
Genesis Other	4	---	---

Prior studies

- **Cultural and historical factors** affect African American women's feeding decisions and behaviors (Gross et al 2015)
 - Perceptions that formula use promotes better health outcomes and indicates higher class status
 - BF decline in recent decades has decreased prevalence of role models
- **Barriers to breastfeeding** for African - American women (Simpson 2012):
 - inflexible workplaces/time at work
 - fear of pain from breastfeeding
 - lack of social support
- **Doula support** improves BF outcomes
 - 92.7% of African American women with doula support breastfed, vs. 70 among Af-Am Medicaid recipients in a study of 1069 women in Minnesota (Kozhimannil et al 2013)



Study Overview: Infant Feeding in African American Women

- **Sample:** 20 African-American female patients ages 20-39 (mean=28.4) from Genesis Center who delivered at TGH within 3 mos. of study
- **Methods:** 1-2 hr. interview recorded in patient's home and transcribed
- **Analysis** (ongoing): Coding relevant themes emerging from interviews



GENESIS WOMEN'S CENTER

HILLSBOROUGH COUNTY

Breastfeeding
TASK FORCE



U.S. Baby-friendly designation

10 Steps to Implement Baby-friendly initiative

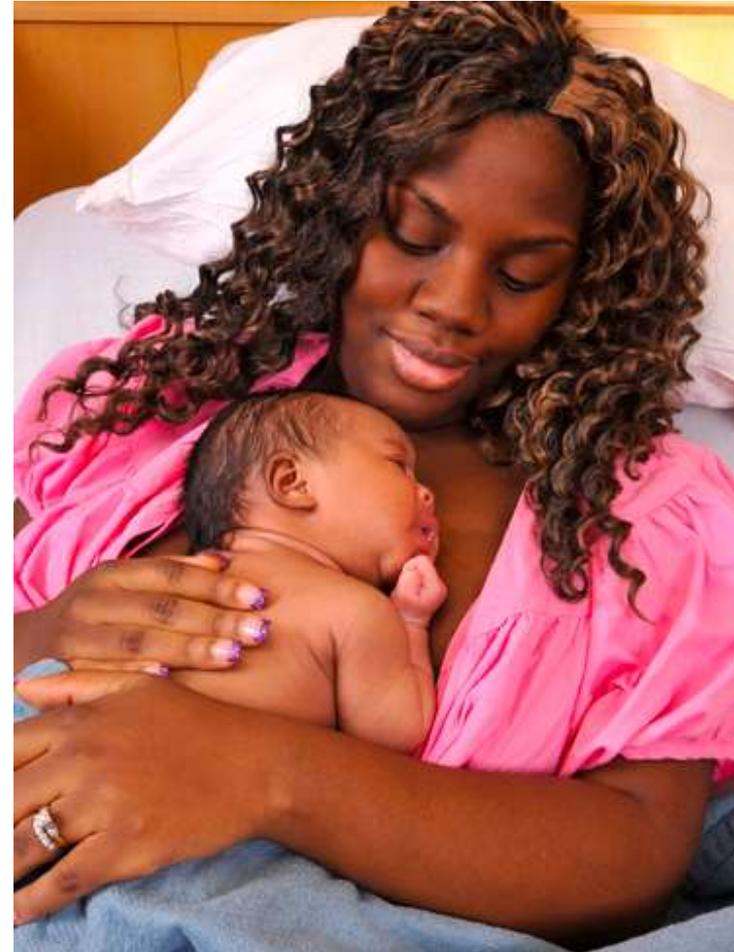
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and maintain lactation even if separated from infant.
6. Give infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster establishment of breastfeeding support groups and refer mothers to them.

U.S. Baby-friendly objectives by 2020

Objectives	Target by 2020
1. Increase proportion of infants ever breastfed.	81.9%
2. Increase proportion of infants breastfed at 6 mos.	81.9%
3. Increase proportion of infants breastfed at 1 year.	34.1%
4. Increase proportion of infants breastfed exclusively through 3 mos.	46.2%
5. Reduce proportion of breastfed infants who receive formula during first 2 days of life.	14.2%
6. Increase proportion of live births that occur in facilities that provided recommended care for lactating mothers and babies.	8.1%
Source: <i>www.babyfriendlyusa.org</i>	

Snapshot of study sample

- **20 women total, ages 20-39**
- 50% women with vaginal delivery
- 50% women with cesarean delivery
- 40% women breastfeeding exclusively at time of study
- 40% women breastfeeding partially with formula supplement
- 20% women using formula exclusively
- 20% women used a doula
- 40% women pumping milk
- 95% satisfied with Genesis prenatal services
- 65% satisfied with TGH birth experience



Commonly reported BF challenges

- 1. Perception of low milk supply and concern over baby's food intake
- 2. Painful latching or other physical discomforts
- 3. Inability to determine amount of milk baby consumes.
- 4. Pressure to initiate formula use soon after birth from partner, family or friends
- 5. Fear of "spoiling" infant by frequent holding and feeding
- 6. Concerns about letting others feed and care for baby
- 7. Concerns about returning to work and transitioning to another care giver
- 8. Lack of breastfeeding role models and/or support network to answer questions and troubleshoot
- 9. Lack of access to electric pumps



Breastfeeding Challenges

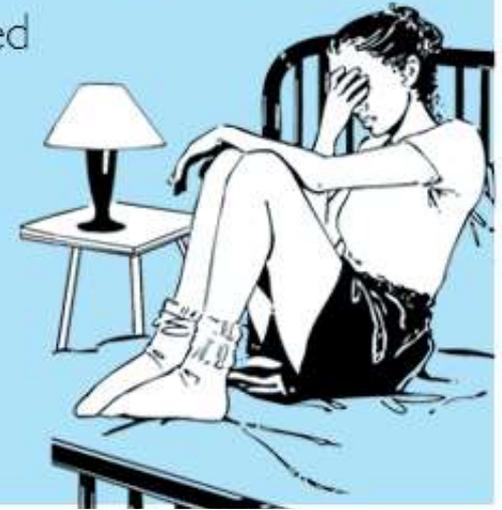
- Interview Po2 (Age 33, partial breastfeeding):
- TD: What kind of messages have you heard about breastfeeding before you were pregnant?
- Po2: They spoil the kids, which they do, **because you're always holding them.** And that's really why I didn't want to breastfeed at all, because he got so used to being held. [But decided to breastfeed after listening to doctors]

Breastfeeding Challenges

- “They say breastfeeding is better. But my thing is, yes it’s better, but it’s also **time-consuming**. Like, you have a family to take care of, breastfeeding can get in the way, **especially if you can’t afford a pump**... If I would have got a breast pump I would still be giving him...the milk from my breast.” (Interview P02, (Age 33, partial breastfeeding))
- “I work. I feed him before I go, and feed him after. If I had the breast pump he would be drinking the milk throughout, but **because I can’t afford the breast pump**, I can’t feed him.” (Interview P09, Age x, partial breastfeeding)

Whoever said "there's no use crying over spilled milk" obviously never pumped six ounces & accidentally spilled it

someecards
user card



Breastfeeding Successes

- Genesis education and support
- Support from doulas provided by Genesis
- Mothers in contact with at least 1 friend or relative with prior breastfeeding experience
- Mothers with successful prior breastfeeding experience



A Birth Doula Can:

- ♥ Help reduce negative feelings about one's childbirth experience
- ♥ Help reduce the need for pitocin (a labor-inducing drug), forceps or vacuum extraction and cesareans
- ♥ Help reduce the mother's request for pain medication and/or epidurals
- ♥ Help families experience shorter labors with fewer complications
- ♥ Help facilitate initial breastfeeding
- ♥ So much more!

CreatingYourCalm.com

Doula (Du-la)

Etymology: Modern Greek, Female Helper, from the Greek DOULE.

*Modern: A woman experienced in childbirth who provides **ADVICE, INFORMATION, emotional SUPPORT & COMFORT** to a woman before, during, & just after the birth.*

Need for Role Models and Peer to Peer Support Networks

- Interview P11 (Age 27, breastfeeding):
- EM: Do you think that having some kind of support system for breastfeeding would be helpful to you?
- P11: ...I had people trying to help, but it was still kind of difficult because even though you have a lactation coach and everything, **it's more understandable when you have someone that's going through the same thing at the same time** and you're conversing about nursing stories and stuff like that.



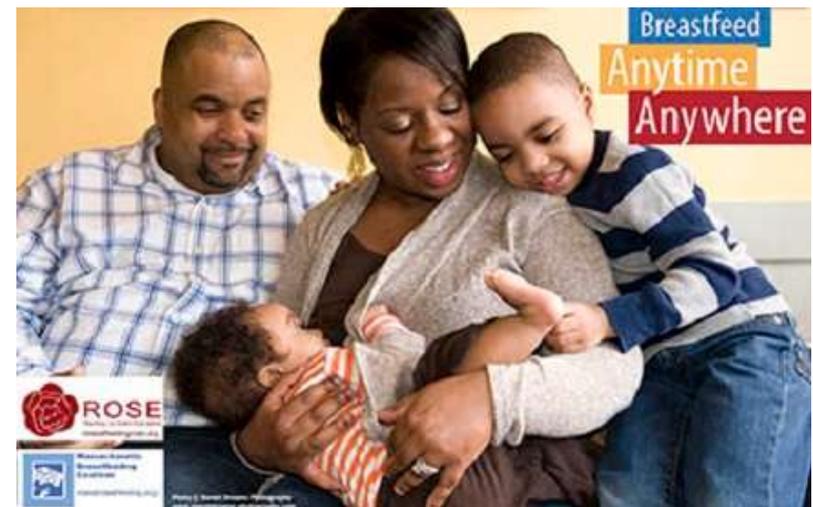
Need for Role Models and Peer to Peer Support Networks

- Interview P12 (Age 26, formula feeding):
- IH: Would you consider breastfeeding if you had more support?
- P12: "I wouldn't, no I couldn't, I couldn't do it. But I **never witnessed it, I never seen it...** But if, maybe if I see it, and I was to just sit down and talk to somebody that actually did it, I might look at it a different way."



Breastfeeding in public

- Interview Po6 (Age 30, exclusive breastfeeding):
- TD: Would you feel comfortable feeding them [the twins] in public?
- Po6: I have. Just as long as I had a blanket. And I mean, if somebody has something to say, so what? It's life! It's part of life!



Preliminary recommendations

- Increase access to electric breast pumps and training in usage
- Expand support network for breastfeeding mothers
 - Opportunities to meet and talk with other breastfeeding mothers
- Expansion of doula program
 - Publicity for program
 - Recruitment of new doulas from African American community
 - Compare birth and BF outcomes with and without doula intervention



Next steps

- Report recommendations to Genesis and TGH staff
- Follow-up interviews with doulas serving patient population
- Expand sample size and broaden to compare with other women in Tampa Bay, such as Latina community
- **Thanks for your support!**



References

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