

Hispanic Women and Supplementation: Why They Do It and How to Help
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Objectives

By the end of the session, the learner will be able to:

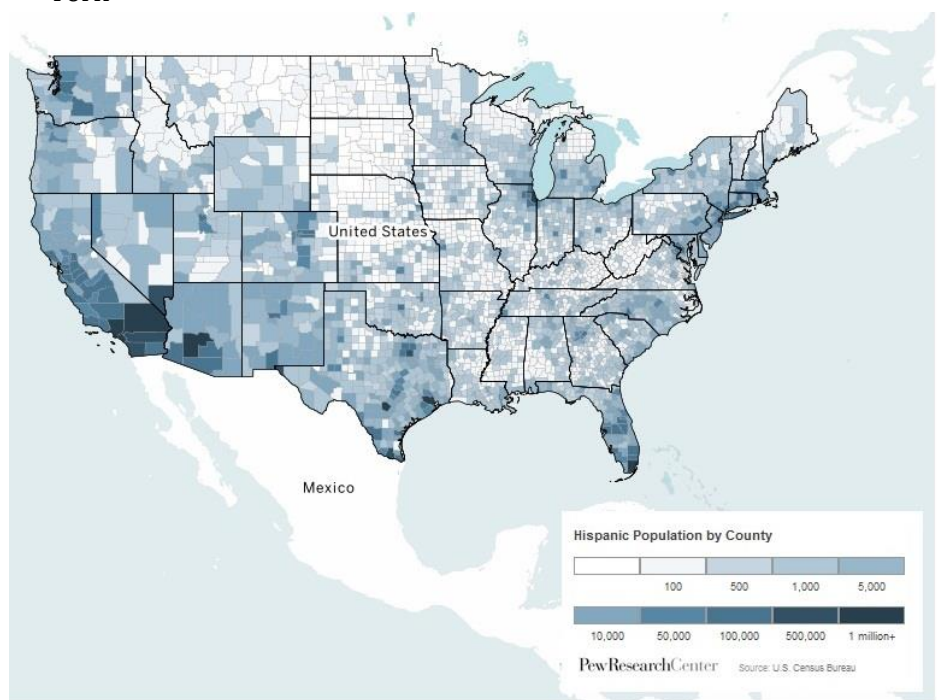
1. Describe at least one difference between the composition and/or distribution of the Hispanic populations of Florida versus the rest of the United States
2. Explain the impact of immigrant acculturation to the U.S. on breastfeeding rates and practices
3. State at least one reason why Hispanic breastfeeding mothers engage in more formula supplementation in the United States than they do in Latin America
4. Discuss how to help Hispanic Americans breastfeed more exclusively

Outline

I. Introduction

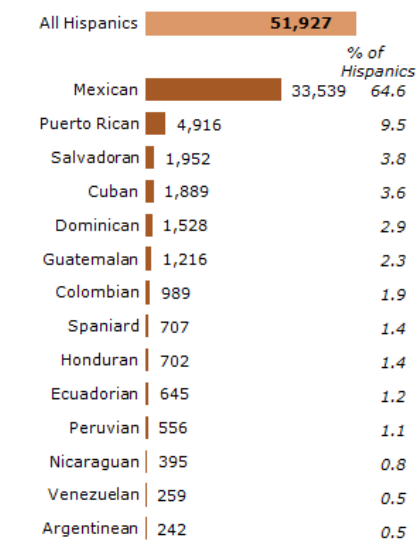
II. Who Are the Hispanics of the United States?

- a. A Word About Hispanics and Race
- b. Distribution – throughout the US but primarily in California, Texas, Florida and New York



- c. Group Share – the vast majority of the nation’s Hispanics are Mexicans, but group share varies widely across the country with Mexicans dominating the west, Puerto Ricans the northeast, Salvadorans in the nation’s capital, and Cubans in southern Florida

Figure 1
U.S. Hispanic Population, by Origin, 2011
(in thousands)



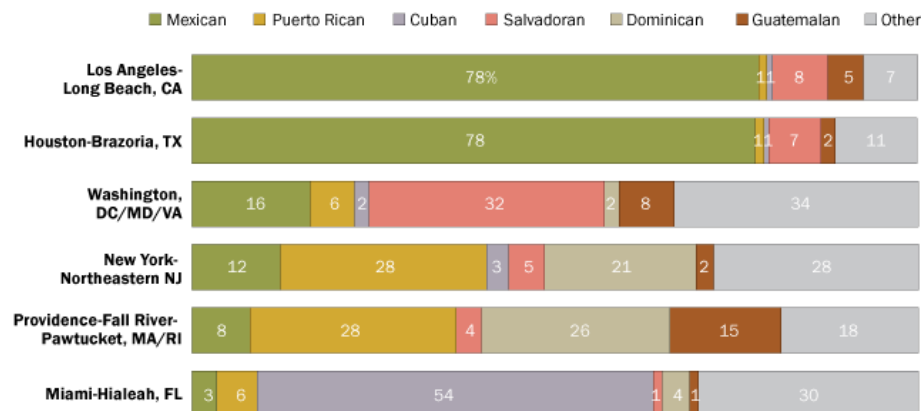
Note: Total U.S. population is 311,592,000 (rounded to the nearest thousand).

Source: Pew Hispanic Center tabulations of the 2011 ACS (1% IPUMS)

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Largest Hispanic Origin Group Shares in Selected Metropolitan Areas, 2011

Percent of the Hispanic population in the metro area that is ...



Notes: In Los Angeles-Long Beach, CA, and Houston-Brazoria, TX, Dominicans make up less than 0.5% of the area’s Hispanic population. In Providence-Fall River-Pawtucket, MA/RI, Cubans make up less than 0.5% of the area’s Hispanic population. Figures may not add to 100% due to rounding.

Source: Pew Research Center tabulations of the 2011 American Community Survey (1% IPUMS)

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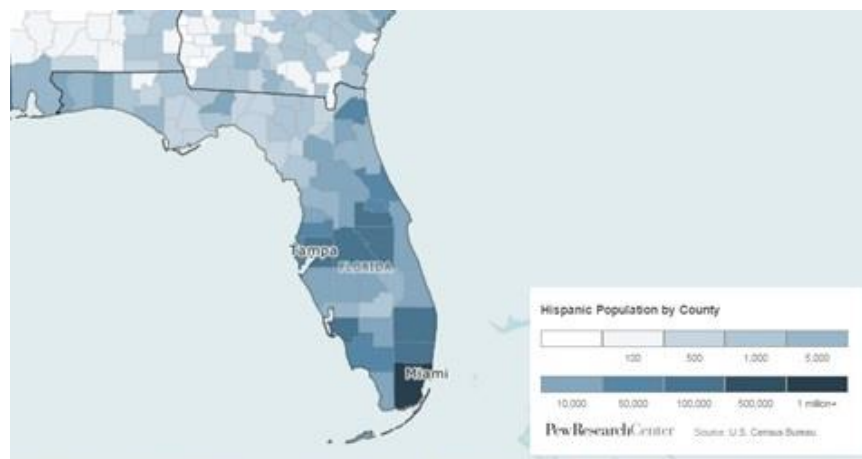
- d. Nativity – 64% of Hispanics in the U.S. were born in the U.S.; 75% are U.S. citizens
- e. Education – 29% of the U.S. population overall have a Bachelor’s degree. **South Americans** in the U.S. (except for Ecuadorians) are more likely to have a Bachelor’s degree than the overall US population, or than individuals from the **Caribbean, Mexico, or Central America**

Venezuelans	51%
Argentiniains	40%
Spaniards	32%
Colombians	31%
Peruvians	31%
US Average	29%
Cubans	25%

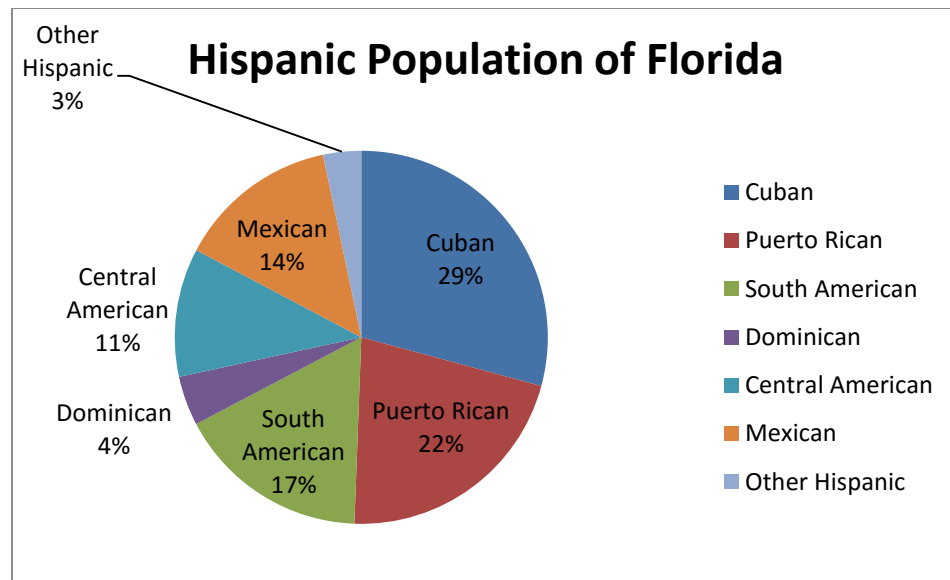
Nicaraguans	20%
Ecuadorians	19%
Puerto Ricans	16%
Dominicans	16%
Mexicans	10%
Hondurans	8%
Salvadorans	7%
Guatemalans	7%

I. Who Are the Hispanics of Florida?

- a. Distribution – heaviest in the south; significant in central Florida; less in north Florida



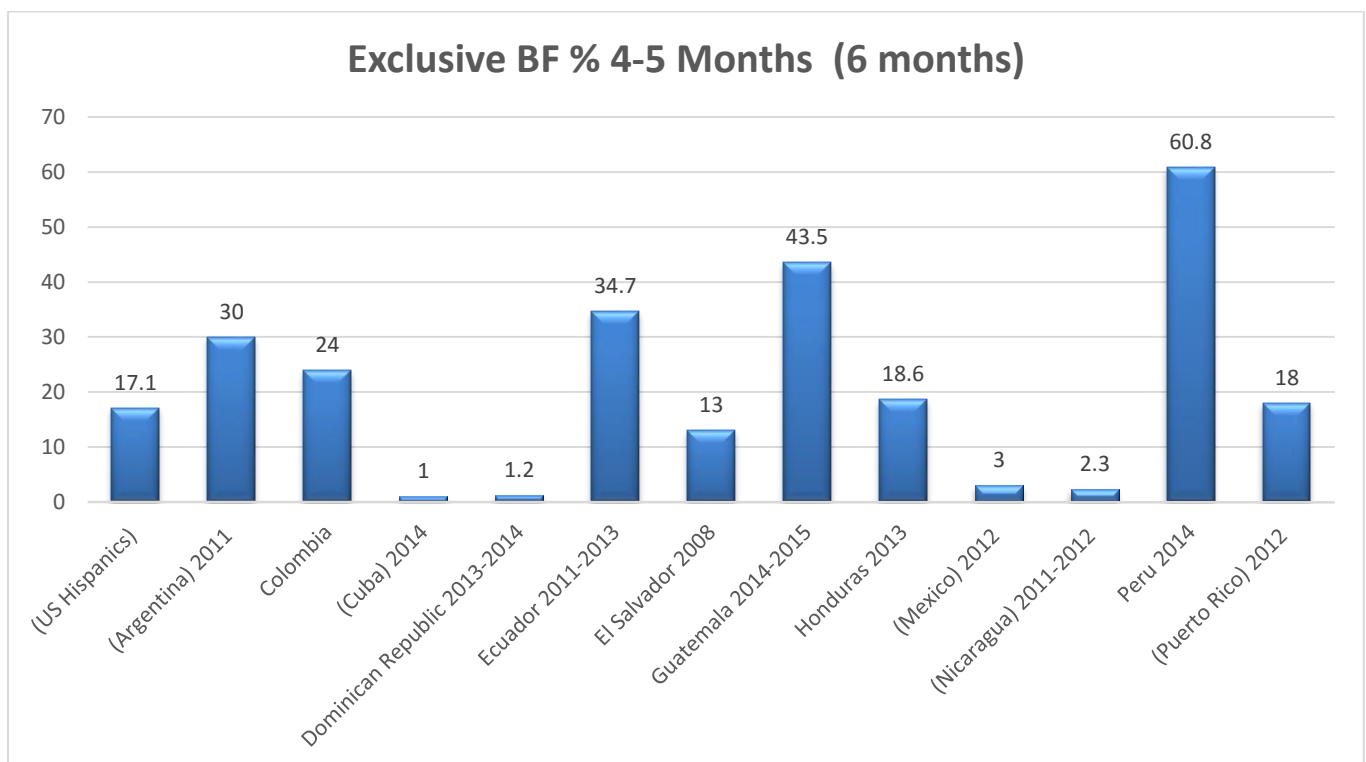
- b. Group Share - very different from the rest of the U.S., but also very different from one major metropolitan area of Florida to another



- c. Nativity: 52% of Hispanics in Florida overall were born in the US, and 68% are citizens; about 35% of Hispanics in Miami were born in the US, and about 62% are citizens.

II. Breastfeeding Rates in Latin America

- a. Breastfeeding initiation is nearly universal throughout Latin America – over 90% everywhere except Puerto Rico
- b. Duration to 1 year varies widely but is generally higher than it is in the United States
- c. EBF rates to 6 months demonstrate that supplementation is widespread in Latin America, and that the Hispanic population of the US is dominated by those from countries with the lowest rates – usually lower than the US EBF rate



III. Impact of Acculturation on Breastfeeding

- a. Increased years of residence in the US was associated with lower breastfeeding initiation and shorter duration of exclusive and any breastfeeding (Harley, Stamm & Eskenazi 2007)
- b. Immigrant women of each racial/ethnic group had higher breastfeeding initiation and longer duration rates than native women. Acculturation was associated with lower breastfeeding rates among both Hispanic and non-Hispanic women (Singh, Kogan & Dee 2007)
- c. Gibson-Davis & Brooks-Gunn (2006)
 - i. Native-born mothers had 85% reduced odds of breastfeeding compared to foreign-born mothers and 66% reduction in the odds of breastfeeding at 6 months.
 - ii. Each year of US residency decreased the odds of breastfeeding by 4%; this held true for Mexicans, other Hispanics, and non-Hispanics.
 - iii. Having a partner born in the US decreased breastfeeding initiation by 83%
 - iv. For every year a father resided in the US, a mother was 5% less likely to breastfeed and less likely to be breastfeeding at 6 months
 - v. For every year a foreign-born father resided in the US, the odds of breastfeeding at 6 months decreased by 2%
- d. Higher acculturated women were less likely to BF than less acculturated women even after controlling for education, age and income (Gibson et al 2005)

IV. Systemic Obstacles and ABM Availability

- a. Choice? What choice? Hispanic history and culture that favor breastfeeding are insufficient to overcome systemic obstacles to breastfeeding in the United States or elsewhere
- b. Formula is more available and, for WIC participants, much cheaper
- c. Supplementation choices in Latin America are often more dangerous than formula – to supplement with formula in the United States is safer than the supplementation practices common in many parts of Latin America – it represents an improvement in health behavior over what they might have otherwise done in their home country
- d. Lack of family, role models, and support system
- e. “That’s why we’re here” – families that emigrate to improve their family’s economic stability adapt American behaviors that they perceive to be associated with the success of the American middle class, such as formula supplementation and early weaning

V. Strategies to support a Hispanic family to breastfeed

- a. ASK lots of questions
 - i. Breastfeeding history: duration (each child)? Exclusivity? How much supplementation, when and what kind? Did she work outside the home or away from her children when they were infants?
 - ii. Breastfeeding history: for women who have previously breastfed, did they do so here or in their home country?

- iii. What's different for them about breastfeeding here versus in their home country?
- iv. What's their biggest breastfeeding challenge? Their greatest hope?
- v. Breastfeeding history of her mother
- vi. Where is her mother? Will she be here and available during the first 6 weeks after birth? How supportive is she of breastfeeding and exclusive breastfeeding?
- vii. Any other support system after birth? Help with the house, other kids?
- viii. Will any other female family member be supporting her after birth, and if so what is the extent of her breastfeeding experience and supportiveness?
- b. ASSESS her readiness for change - (Stages of Change)
 - i. Precontemplation
 - ii. Contemplation
 - iii. Preparation
 - iv. Action
 - v. Maintenance
- c. PROBLEM-SOLVE and SET SMALL, ACHIEVABLE GOALS - help her arrive at practical solutions to her challenges. This takes time; get into the details with her; listen, empathize.
- d. Key Messages
 - i. Supplementation will adversely affect milk supply if done repeatedly throughout the day and night or after every nursing
 - ii. Supplementation will adversely affect milk supply even if the breast is always offered first
 - iii. Exclusive or near-exclusive pumping is very difficult and often (though not always) results in reduced milk supply and premature weaning
 - iv. Employ time-targeted supplementation over chronic supplementation
 - v. There are no such things as "hunger cues"; they are all "breastfeeding cues" – whether the infant wants to suckle for hunger or for other reasons (or some of both) is difficult to assess in the early weeks
 - vi. Differences between normal newborn and adult sleep patterns; the most common reason for the baby to appear "hungry" shortly after breastfeeding is that s/he was put down while in active – not deep – sleep
- e. Use the "[SECRETS OF BABY BEHAVIOR](#)" – especially the handout on sleep.
- f. INVOLVE and INCLUDE her family in all aspects of breastfeeding support, including support groups and classes; offer and tailor some messages, activities and materials for family
- g. TACKLE THE BIG-PICTURE OBSTACLES through community action and collaboration with trusted immigrant champions, organizations and community centers
 - i. Work
 - ii. Hospitals

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Bibliography

Asociación Demográfica Salvadoreña (ADS), Centers for Disease Control and Prevention (CDC). Encuesta Nacional de Salud Familiar FESAL-2008. Informe Final. October 2009.
http://pdf.usaid.gov/pdf_docs/Pnadr208.pdf

Bernal MV, Torres Rodríguez ET, and Rodríguez Lopez A. Estudio de Salud Materno Infantil de Puerto Rico: Año 2012 (ESMIPR 2012). January 2015. Received via personal correspondence from author A. Rodriguez Lopez on 1/25/2016.

Centers for Disease Control and Prevention (CDC). *Breastfeeding Among U.S. Children Born 2001-2011, CDC National Immunization Survey*.
http://www.cdc.gov/breastfeeding/data/nis_data/index.htm Accessed April 1, 2015.

DaMota K, Bañuelos J, Goldbronn J, Vera-Beccera L, Heinig M. Maternal request for in-hospital supplementation of healthy breastfed infants among low-income women. *J Hum Lact*. 2012; 28:476-482.

Dirección de Registros Médicos y Estadísticas de Salud, Ministerio de Salud Pública. 2015. *Encuesta de Indicadores Múltiples por Conglomerados, 2014, Resultados clave*. La Habana, Cuba: Ministerio de Salud. <http://mics.unicef.org/surveys>

Freire WB., Ramirez-Luzuriaga MJ., Belmont P., Mendieta MJ., Silva-Jaramillo MK., Romero N., Saenz K., Pineiros P., Gomez LF., Monge R. (2014). *Tomo I: Encuesta Nacional de Salud y Nutrición de la población ecuatoriana de cero a 59 años. ENSANUT-ECU 2012*. Ministerio de Salud Publica/Instituto Nacional de Estadísticas y Censos. Quito-Ecuador. <http://www.salud.gob.ec/encuesta-nacional-de-salud-y-nutricion-ensanut/>

Gibson M, Diaz V, Mainous A, & Geesey M. Prevalence of Breastfeeding and Acculturation in Hispanics: Results from NHANES 1999-2000 Study. *Birth* 2005; 32:93-98.

Gibson-Davis C & Brooks-Gunn J. Couples' Immigration Status and Ethnicity as Determinants of Breastfeeding. *American Journal of Public Health* 2006; 96(4):641-646.
doi:10.2105/AJPH.2005.064840

Gill S. Breastfeeding by Hispanic Women. *Journal of Obstetric, Gynecologic & Neonatal Nursing* 2009; 38(2):244-252.

Gomez Licon A. Breastfeeding Rates in Mexico Drop, Experts Call it a 'Public Health Crisis'. The HuffingtonPost.com, Inc. 6/05/2013. Accessed 2/3/2016:
http://www.huffingtonpost.com/2013/06/05/breastfeeding-rates-in-mexico_n_3392863.html

Gonzalez de Cossío T, Escobar Zaragoza L, Gonzalez Castell LD, Hernandez Avila M. Encuesta Nacional de Salud y Nutrición 2012, Evidencia para la política pública en salud, Deterioro de la

lactancia materna: dejar las fórmulas y apegarse a lo básico.

<http://ensanut.insp.mx/doctos/analiticos/DeterioroPracLactancia.pdf>

Gutierrez JP, Rivera-Dommarco J, Shamah-Levy T, Villalpando-Hernandez S, Franco A, Cuevas-Nasu L, Romero-Martinez M, Hernandez-Avila M. Encuesta Nacional de Salud y Nutricion 2012.

Resultados nacionales. 2a. ed. Cuernavaca, Mexico: Instituto Nacional de Salud Publica (MX), 2013.

<http://ensanut.insp.mx/informes/ENSANUT2012ResultadosNacionales2Ed.pdf>

Harley K, Stamm NL, & Eskenazi B. The Effect of Time in the US on the Duration of Breastfeeding in Women of Mexican Descent. *Maternal and Child Health Journal* 2007; Volume 11, Number 2: 119-125. DOI: 10.1007/s10995-006-0152-5

Heinig MJ, Bañuelos J, Goldbronn J, Kampp J. Fit WIC Baby Behavior Study. California WIC Program. Handouts:

https://wicworks.fns.usda.gov/wicworks/Sharing_Center/gallery/FitWICBaby.htm#handouts

Instituto Nacional de Estadística e Informatica. Perú Encuesta Demográfica y de Salud Familiar – ENDES 2014. Lima, Peru: April 2015. <http://dhsprogram.com/publications/publication-FR310-DHS-Final-Reports.cfm>

Instituto Nacional de Información de Desarrollo (INIDE) Ministerio de Salud (MINSA). Encuesta Nicaragüense de Demografía y Salud 2011/12 Informe Preliminar.

http://www.inide.gob.ni/endesa/Endesa11_12/HTML/endesa11/assets/common/downloads/InformePreliminar.pdf

Inter News Service. Culpan a Hospitales por Reducción en Tasa de Lactancia. *Metro International*. 31 August 2013. <http://www.metro.pr/locales/culpan-a-hospitales-por-reduccion-en-tasa-de-lactancia/pGXmhE!U40a0ZQ5FGYIQ/> Accessed 4/5/2015.

Ministerio de Salud Presidencia de la Nación. Situación de la lactancia materna en Argentina. Año 2011. <http://www.msal.gob.ar/images/stories/bes/graficos/000000215cnt-a11a-Situacion-de-la-lactancia-materna-2011.pdf>

Ministerio de Salud Pública y Asistencia Social (MSPAS), Instituto Nacional de Estadística (INE), ICF Internacional, 2015. Encuesta Nacional de Salud Materno Infantil 2014-2015. Ciudad de Guatemala, Guatemala. <https://www.dhsprogram.com/pubs/pdf/PR57/PR57.pdf>

Motel, S & Patten, E. “*The 10 Largest Hispanic Origin Groups: Characteristics, Rankings, Top Counties.*” Pew Research Center, Washington DC. June 27, 2012;

<http://www.pewhispanic.org/2012/06/27/the-10-largest-hispanic-origin-groups-characteristics-rankings-top-counties/>

Oficina Nacional de Estadísticas y UNICEF, 2015. Encuesta Nacional de Hogares de Propósitos Múltiples – Encuesta de Indicadores Múltiples por Conglomerados 2014, Resultados Principales. Santo Domingo, República Dominicana: Oficina Nacional de Estadística.

<http://mics.unicef.org/surveys>

Roman, MP. “*Breastfeeding in Latin America*”. Spanish-language presentation at the annual international conference of the International Lactation Consultant Association, July 2014.

Secretaría de Salud [Honduras], Instituto Nacional de Estadística (INE) e ICF International. 2013. *Encuesta Nacional de Salud y Demografía 2011-2012*. Tegucigalpa, Honduras: SS, INE e ICF International. <http://dhsprogram.com/publications/publication-FR274-DHS-Final-Reports.cfm>

Simons-Morton, BG, McLeroy KR & Wendel, ML. *Behavior Theory in Health Promotion Practice and Research* 2012. Jones & Bartlett Learning, Burlington MA.

Singh G, Kogan M, & Dee D. Nativity/Immigrant Status, Race/Ethnicity, and Socioeconomic Determinants of Breastfeeding Initiation and Duration in the United States, 2003. *Pediatrics* 2007; 119:Supplement 1 S38-S46.

US Census Bureau. *Place of Birth by Nativity and Citizenship Status, 2009-2013*. American Community Survey. Generated by Regina Roig-Romero using American FactFinder, March 2015.

US Census Bureau. *Place of Birth for the Foreign-Born Population in the United States, 2009-2013*. American Community Survey. Generated by Regina Roig-Romero using American FactFinder, March 2015.

US Census Bureau. *Place of Birth by Citizenship Status (Hispanic or Latino) in the United States, 2009-2013*. American Community Survey. Generated by Regina Roig-Romero using American FactFinder, April 2015.