



BREASTFEEDING PRACTICES AND POLICIES

SUPPORTIVE BREASTFEEDING STRATEGIES TO IMPROVE THE INITIATION, EXCLUSIVITY, AND DURATION OF BREASTFEEDING MAY INCLUDE ADDRESSING HOSPITAL PRACTICES (E.G., BABY-FRIENDLY HOSPITAL INITIATIVE¹⁵⁶), SUPPORTING WORKPLACE ACCOMMODATIONS, AND BUILDING SUPPORTIVE COMMUNITY ENVIRONMENTS.

MAKE THE CASE:

Why Is This A Health Equity Issue?

The issues below highlight the need for breastfeeding strategies that advance health equity:

- **Inadequate Access to Services and Support for Some Populations Experiencing Inequities:** Breastfeeding rates are lowest among African American mothers^{157,158} and mothers living in rural areas.^{157,159,160} Several factors may account for lower rates of breastfeeding among African American mothers, including how they are treated by health care providers with respect to breastfeeding encouragement and information.¹⁶¹ For mothers in rural areas, factors such as poverty and inadequate access to needed maternity and health services may serve as barriers to breastfeeding.^{159,162}
- **Limited Access to Breastfeeding Support in the Workplace:** Mothers returning to the workplace may face several barriers to breastfeeding due to workplace conditions (e.g., break time for pumping, onsite storage) and the level of benefits provided (e.g., maternity leave).¹⁵⁷ For instance, many mothers do not have paid maternity leave. Additionally, those with lower incomes and those in the service and manufacturing fields have been found to have even lower rates of paid maternity/family leave.¹⁵⁷ Breastfeeding may also be particularly challenging for hourly, low-wage mothers as they may have less flexibility and break options.^{157,163}
- **Social Norms May Serve as a Barrier for Underserved Communities:** Social norms such as lack of support from family and friends¹⁶¹ and not having examples of breastfeeding^{157,164} may be barriers for some population groups. Additional barriers may include norms around the sexual role of breasts as opposed to their nurturing function of breastfeeding, and perceptions of breastfeeding as an unusual feeding option.^{157,164}



Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating breastfeeding strategies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
<p>LIMITED RESOURCES & CAPACITY</p> <p>Address challenges to implementing hospital practices that increase breastfeeding initiation</p>	<p>The process required for achieving official Baby-Friendly Hospital designation may seem too rigorous for some facilities or present barriers within overburdened hospitals.</p>	<ul style="list-style-type: none"> • Provide additional support to hospitals serving populations with disparities in breastfeeding to help them work toward Baby-Friendly Hospital designation. • Understand challenges to implementing Baby-friendly Hospitals and work with hospitals to identify and implement incremental steps toward encouraging breastfeeding.
<p>VARIABILITY IN CARE PROVIDED</p> <p>Ensure sufficient breastfeeding support from health care providers and staff</p>	<p>Varying cultural and socioeconomic factors, as well as a lack of information on breastfeeding, may result in some women not receiving the support they need to initiate and continue breastfeeding.¹⁶⁵</p>	<ul style="list-style-type: none"> • Train providers on breastfeeding disparities and approaches to address cultural and economic barriers to ensure they provide appropriate breastfeeding education to all. • Encourage hospitals to partner with the Women, Infants, and Children Program (WIC)¹⁶⁶ to ensure continuity of breastfeeding support for low-income mothers following discharge.
<p>TRAINING NEEDS</p> <p>Provide adequate and culturally competent training for peer counselors who provide breastfeeding advice</p>	<p>Mothers may get discouraged from breastfeeding when they face challenges and do not have support from properly trained individuals.</p>	<ul style="list-style-type: none"> • Encourage use of properly trained peer counselors, along with professional support, to provide culturally tailored support for breastfeeding.^{157,167} • Partner with WIC and other organizations to identify residents who reflect the cultural values of breastfeeding mothers and can be trained as peer counselors.
<p>VARIABILITY IN ADOPTION & IMPLEMENTATION OF BREASTFEEDING STRATEGIES</p> <p>Collaborate with community resources to enhance worksite breastfeeding support</p>	<p>Some employers, including those that employ low-wage staff, may not understand how to properly accommodate breastfeeding workers. They may also lack the resources and infrastructure (e.g., space, refrigeration) to comply with breastfeeding regulations.</p>	<ul style="list-style-type: none"> • Reach out to employers, including those that employ low-wage staff, to address workplace barriers and provide support for breastfeeding accommodation. • For smaller businesses, consider addressing barriers by building partnerships among employers located close to one another to combine resources (e.g., establish one common space that can be used by all their employees). • Find creative solutions to provide information and accessible spaces for breastfeeding mothers (e.g., leverage existing community infrastructure such as faith-based institutions, libraries, childcare centers).

Build the Team: Partnership for Success

Successful efforts to implement supportive breastfeeding strategies depend on bringing a diverse set of partners to the table early, consistently, and authentically. These partners may include the following:

- Chambers of commerce
- Childcare centers and provider organizations (e.g., Head Start)
- Community-based organizations
- Community members (of diverse abilities, ages, cultures, gender, income levels, race/ethnicity, and sexual orientation)
- Cultural institutions and networks
- Faith-based organizations
- Family members
- Health care systems, hospitals, community clinics, and health care providers
- Local businesses
- Local/regional employers (particularly employers of low-income, hourly workers)
- Public health agencies
- Regional and local breastfeeding coalitions (e.g. La Leche League, lactation consultants)
- Social service agencies
- State and local WIC programs



Promoting Baby-Friendly Hospitals to Increase Equity

Los Angeles, CA

Of the 50 California counties where births occur, Los Angeles County ranked 43rd out of 50 for exclusive breastfeeding rates. Furthermore, Los Angeles County housed 9 of the 15 lowest scoring hospitals in the state.¹⁶⁸ In response, Breastfeed LA: Breastfeeding Task Force of Greater Los Angeles collaborated with the Regional Perinatal Programs of California to provide training and technical assistance to improve the quality of maternal care and guide hospitals toward the Baby-Friendly Hospital designation.

In 2008 and 2009, Breastfeed LA reached out to hospital decision makers, emphasizing breastfeeding as a quality improvement indicator and promoting baby-friendly practices. Focusing on three counties with the lowest rates of exclusive breastfeeding, the group provided bedside nurse and train-the-trainer workshops using the Birth and Beyond California¹⁶⁹ curriculum. Priority was given to hospitals with high birth rates, high rates of Medi-Cal (state Medicaid) use, and low breastfeeding rates. The funding for this project was from the California

Department of Public Health Federal Title V Maternal and Child Health Block Grant.

Hospital participation in some areas was sluggish at first. To overcome lack of interest, Breastfeed LA, with funding from First 5 LA, encouraged local public health officials to become champions by making the case to hospitals that breastfeeding is a public health issue. Grants were given to targeted hospitals from the First 5 LA Baby-Friendly Hospital Project, which helped these hospitals overcome the cost barrier for staff training and systems improvements. These hospitals primarily serve women of color and low-income women.



Collaborative learning has been a key strategy. Breastfeed LA and the Los Angeles County Department of Public Health are convening three Regional Hospital Breastfeeding Consortia where lower performing hospitals can learn from higher performing ones. Since the Consortia kickoff in April 2010, 11 LA hospitals have achieved Baby-Friendly Hospital designation. Many more are in the process.

Note: Breastfeed LA is a partner with the County of Los Angeles, Department of Public Health to continue the vital work of encouraging and guiding hospitals to improve maternity care practices and ultimately achieve Baby-Friendly designation. With support from CDC's *Communities Putting Prevention to Work* program, the three County Hospitals achieved the Baby-Friendly Designation, and technical assistance is being provided to 16 additional hospitals with support from CDC's *Community Transformation Grants* program.



Family participating in the Healthy Start Brooklyn program. Photo Courtesy of Healthy Start Brooklyn.

Building Community Capacity to Support Breastfeeding

New York, NY

Breastfeeding initiation rates in central Brooklyn hospitals were high,¹⁷⁰ but women may have found breastfeeding challenging to maintain and integrate into their daily routines.¹⁷¹ With funding from the Health Resources and Services Administration, Healthy Start Brooklyn (HSB) found innovative ways to support these women. Coordinated efforts that focused on five low-income, predominantly African American and Latino neighborhoods created empowerment zones to shift breastfeeding practices and norms.

The By My Side program was developed to deliver low-cost services to low-income and immigrant women. It also opened up job opportunities for women living in the targeted neighborhoods. Women were trained as doulas, providing emotional, physical, and informational support to mothers during delivery and conducting home visits before and after birth. Doula services that are typically available to higher-wealth communities are now accessible by low-income families through By My Side. The doulas also serve as lactation consultants, offering guidance

on how to breastfeed and linking mothers to resources such as HSB's Breastfeeding 911! Hotline.

Program results show that mothers who have used a doula have higher rates of exclusive breastfeeding. In addition to integrating doula services into hospital practices, HSB has reached out to organizations with strong community ties to initiate culturally appropriate breastfeeding support, expanding the training program so organizations can offer their own doula services. By March 2012, the program had successfully trained more than 30 women in the community. These doulas, along with those already working for By My Side, have participated in more than 100 births.

HSB supports the continuation of breastfeeding behaviors beyond hospital doors by shifting community norms, creating new long-term economic opportunities, and improving the lives of women and their families overall. Some 125 faith-based institutions now have breastfeeding spaces and signs on their premises. Working with pharmacies to provide a space for breastfeeding in their stores is a next step.