

Open letter to Black Moms: Why they should all be Breastfeeding

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The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

Members of the NPA write a regular peer-reviewed column in Neonatology Today.



Is breastfeeding considered a “white thing”?

When we look back at history, African slaves gave birth to their children only for them to be taken from their hands as they were forced to breastfeed their slave masters' babies the very breastmilk designed for their own. Society has made it easy to think that since slavery was abolished, we should put topics and truths as such behind us; however, this logic neglects the idea that traumatic experiences can become generational.

Generational health practices, especially those involving maternal-child health care, are powerful in the black community. The mimicking of behaviors such as breastfeeding was a practice not often seen and therefore not passed down generation to

generation. If a young woman does not see her mother or any woman in her family or community breastfeed, likely, she will not have the knowledge, experience, or confidence to breastfeed her children. Interventions that improve breastfeeding beliefs and behaviors should include those

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who promote self-efficacy (Reno, 2018).

The breastmilk of African slaves and subsequently, that of their descendants, was enough to sustain the livelihood of white children; why is it not thought to be enough for black babies today?

According to the Centers for Disease Control and Prevention (CDC) (2019), black infants are the least likely to be breastfed, more specifically 15% less likely than white infants. Why is this disparity important? Black infants are at higher risk for infant mortality. In 2017, African American infants held the highest mortality rate of 10.97 deaths per 1,000 births compared to a rate of 4.67 in white infants. Black

infants more than double white infants in the cause of death related to sudden infant death syndrome known as SIDS (Ely & Driscoll, 2019). Some of the many benefits of breastfeeding for infants include a reduction in the risk of death from SIDS, and conditions such as asthma and obesity. The act of nursing does so much more than provide nutrition. It also provides the first constructs of immunity, and comfort for the growth, development, and health of the infant. Statistics by the CDC (2019) suggest the implications of having lower breastfeeding rates increase medical costs \$3 billion a year in the United States. Experts suggest that increasing breastfeeding in black mothers can reduce infant mortality by nearly half.

With known data that suggests that black infants can benefit greatly from breastfeeding, why hasn't there been an increase in rates?

There are a number of barriers that contribute to the disparities in breastfeeding amongst black mothers and families in the United States. A large majority of the black communities across the states are contained in impoverished neighborhoods where unhealthy living conditions and exposure to risky health behaviors are plenty. In black neighborhoods, more often than not, you are able to easily spot a liquor store on every third corner, in addition to an abundance of fast-food restaurants. There are a number of factors to touch on when considering the unhealthy conditions of the “ghetto” which make black families at much higher risks for morbidity and mortality. We must consider systematic oppression and socioeconomic setbacks when discussing health promotion and in-



tervention for these communities.

Black women are returning to work at much faster timeframes in order to provide for their families. If breastfeeding was not successfully established, a formula might be easier to use. Or perhaps she could not afford a breast pump making it difficult to maintain supply while at work. It is also possible that her work does not provide the space or time to pump or store breastmilk. Passing laws for breastfeeding in the workplace as well as in public places is essential for women to have successful breastfeeding experi-

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ences and further adds to breastfeeding normalcy, recognized as a necessary act of health that can function within everyday life (Johnson, Kirk, & Muzik, 2015).

To have a mother, aunts, grandmother, neighbors, and friends who never breastfed, where does the support for a black mother on a breastfeeding journey come from? Did her health providers present breastfeeding as an option?

Healthcare professionals need to be cognizant of avoiding assumptions and presenting education on breastfeeding without bias. It can be argued that breastfeeding should be discussed during the early prenatal appointments as opposed to the third trimester or after delivery. The way words and images are added to a message reflects the way it will be perceived. If a nurse were to ask, “what do you know about breastfeeding?”; instead of “are you going to breastfeed?” (Johnson, Kirk, Rosenblum, & Muzik, 2015); it can change the direction of the conversation completely and open the door for positive thoughts and questions. Postpartum support is very important, as well. Imagine this scenario. A mother, who has never breastfed and has not seen anyone in her family breastfeed attempting to breastfeed, is struggling and on the verge of giving up. What will happen if a nurse says, “formula won’t kill the baby.” This is where language and wording are important; for a married upper-middle-class white family with limitless access to health resources, the formula may not hurt, but for a black infant of a low-income family who is at twice the risk for mortality, the formula has that much greater potential of being harmful.

So, where do we go from here?

Many urban areas that are in the most need of health resources for breastfeeding do not have neighborhood clinics or facilities that house lactation support. The location of where resources are places should be accessible. Communities, as described above, could greatly benefit from lactation home visits or one on one

counseling. In addition to accessibility, tools and resources must also have affordability, such as free breast pumps for Medicaid eligible families, for example. The involvement of the community must be strong. Creating partnerships within the community and with leaders and stakeholders, such as those in churches, daycares or schools, or the local library and educational programs, is necessary to expand knowledge and support (Johnson et al., 2015a).

In a population of people who were stripped of the confidence to breastfeed for generations, we must act to promote and uplift in a number of different methods to bridge a connection between the identification as a black person with the healthy behavior of breastfeeding. Advertisements, billboards, commercials, product designs, magazine and journal photos, etc., are all ways to help reframe the imagery of breastfeeding to not being an only “white thing.” There is an underlying mistrust of providers given the history of mistreatment; therefore, cultural representation holds extreme importance in interventions designed to transform a health behavior of a specific community. Expanding the number of black lactation professionals, nurses, doctors, etc. is one way to respond to the needs of the community, also creating strong peer groups. By taking advantage of the technological advances of the world, the use of social media platforms and virtual services such as telehealth can be used to bring black women together in support of each other and not only inform but aid in building assurance for breastfeeding longevity.

Considering the current events of the COVID-19 crisis, think about the uproar of sold-out toilet paper and Lysol. If there were an extreme shortage of infant formula, how many infants who are already at risk would starve? In third world countries where there is extreme poverty or constant war, breastfeeding may be the only way to keep the life of an infant sustained.

Breastfeeding is enough and has always been enough. The month of August is dedicated to Breastfeeding Awareness, and for the last seven years, the last week in August has been coined



Black Breastfeeding Week. This year's theme is "revive, restore, reclaim" (Black Breastfeeding Week, n.d.). August 25th to 31st deserves much-needed support and recognition and is another tool to spread knowledge and seek improvements in breastfeeding success in black communities.

Breastfeeding is the most natural form of nutrition and should be normalcy for all women, especially those groups who are at the most risk for morbidity and mortality. It is of vital importance that we continue to work to first ground ourselves with a full understanding of the detriment that slavery and the continued oppression and injustices toward black citizens of America have caused, and second, actively restore equality and eliminate disparities.

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Disclosure: The National Perinatal Association www.nationalperinatal.org is a 501c3 organization that provides education and advocacy around issues affecting the health of mothers, babies, and families.

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