Delivering Better Outcomes for Black Babies through Breastfeeding

Ali Bindawood, Fatherhood

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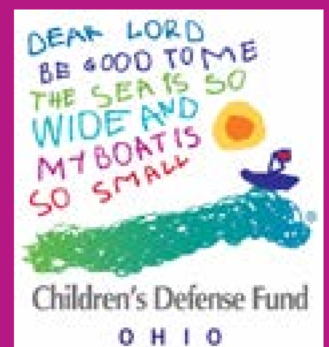


Infant and Maternal Health & Breastfeeding

Breastfeeding has received quite a bit of press over the last several years. Celebrity marketing campaigns have been launched to encourage breastfeeding. Names like Michelle Obama, Beyoncé, Alicia Keys, and Halle Berry have emerged as models of moms who breastfed and who support other women in breastfeeding.[1]

While the issue has gained some celebrity light, a less public breastfeeding issue is the racial and ethnic disparity in the rate of breastfeeding initiation (starting) and duration (continuing) and what it means for infant nutrition, infant health, and, now, infant mortality.

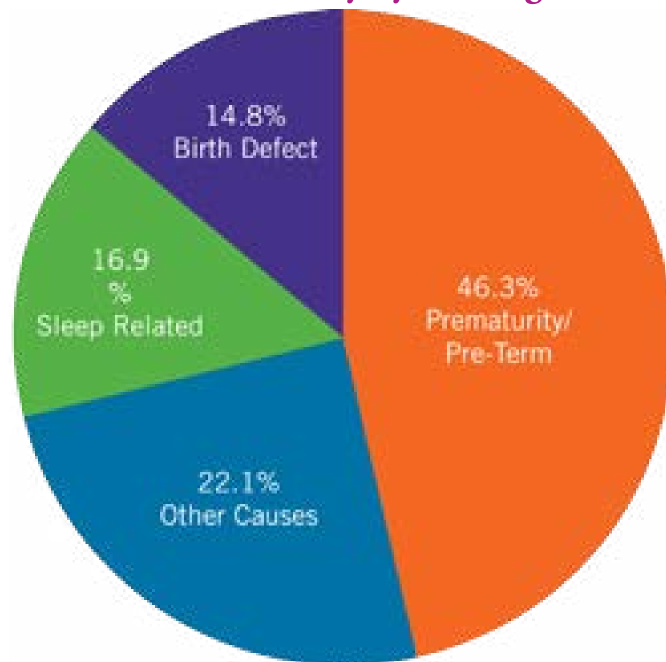
Ensuring a healthy start for babies and the best opportunity to thrive in their first months is crucial to raising healthy children. It is the focus of Ohio's ongoing conversations about reducing the state's shocking infant mortality rate, particularly for Black babies. Breastfeeding provides one key answer in the fight to improve health outcomes for Ohio's Black babies and reduce Ohio's infant mortality rate.

Why Focus on Breastfeeding?

"If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics," writes the World Bank's Vice President for Human Development, Keith Hansen.[2]

The benefits of breastfeeding are abundant. The nutrients and antibodies breast milk provides give babies the benefit of their mothers' immune systems, resulting in reduced risks for infection and disease.[3] Breastfed children are better protected against illnesses like diarrhea, ear infection, and pneumonia, and are less likely to develop asthma.[4] Research shows that breastfeeding for the first six to 12 months of a child's life reduces her risk of becoming obese or developing type 2 diabetes. There is also evidence that breastfeeding has positive effects on cognitive development.[5]

Ohio Infant Mortality by Leading Causes



Source: 2015 Ohio Department of Health. https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2015-Ohio-Infant-Mortality-Report-FINAL.pdf?la=en

Breastfeeding not only prevents disease, it saves lives. It is now a recommended intervention to reduce the risk of Sudden Infant Death Syndrome (SIDS), which was the cause of 7% of infant deaths in the United States in 2013.[6] And while any breastfeeding provides more protection than none, the protective powers of breast milk grow

Ohio Infant Mortality Rate, 2015 (Number of Deaths per 1,000 Live Births)

Group	2014	2015	National Rate (2014)
All Races	6.8	7.2	5.8
White	5.3	5.5	4.9
Black	14.3	15.1	11.1

Source: 2015 Ohio Department of Health. https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2015-Ohio-Infant-Mortality-Report-FINAL.pdf?la=en

National Center for Education and Child Health, Safe Sleep Environment 6

when breastfeeding is the exclusive means of nutrition—formula-fed babies face a 3.5 times higher risk of SIDS than exclusively breastfed babies.[7] Exclusive breastfeeding, specifically from the first hour after birth, until a baby is six months old, also improves a child's chances of surviving infancy, especially for babies born too early.

In addition, there are several important benefits for breastfeeding moms. Mothers who breastfeed have a decreased risk of breast and ovarian cancers.[8] In general, breastfeeding promotes bonding and improves emotional health, decreasing risks for postpartum depression.[9] Additionally, estimates for universal breastfeeding calculate savings of $300 billion for the United States.[10]

Breastfeeding's benefits to mother and baby are clear: the longer a baby is breastfed, the greater the value.

Why Focus on Breastfeeding for Black Mothers and Babies?

Improved Health Outcomes for Black Infants and Mothers

The Black infant mortality rate in Ohio is nearly three times higher than the rate for White babies.[11] According to the Centers for Disease and Prevention (CDC), Black infants are twice as likely to experience SIDS.[12] In addition, Black children are more likely to experience obesity and other harmful conditions than their White peers.[13] Breastfeeding is directly associated with lowering the risk of these conditions and is an important way to improve Ohio's infant mortality rate for Black babies.

Breastfeeding could also reduce the risk of a number of diseases that disproportionately affect Black women. Breastfeeding can help lower disproportionate obesity rates as it creates a higher likelihood to shed weight postpartum, along with

disproportionate rates of type 2 diabetes, hypertension, and cardiovascular disease.[14] To add, exclusive breastfeeding is a great tool for family planning. Data show that a disproportionate number of Black women have less than 18 months between the birth of one child and another, creating a higher risk of poor birth outcomes.[15] When breastfeeding, the hormones used to produce breast milk simultaneously suppress reproductive hormone cycles. Most moms who breastfeed exclusively do not ovulate or have menstrual periods, thus, minimizing the possibility of a high-risk pregnancy caused by an inadequate amount of time between pregancies.[16]

Celebrate One

Health Equity

Breastfeeding is one of the most powerful and economical ways to increase health equity for Black women and babies. This nutrient rich meal is free and provides a myriad of health benefits.

Nationwide, breastfeeding rates for Black women—along with women of other ethnicities—has been on the rise.[17, 18] However, the lingering disparity between Black women and White women still exists.

Percent of Babies Exclusively Breastfed Through 3 Months by Race

Race	Ohio* (2009-2011)	Nationally (2011)
White	41.4	44.8
Black	18.6	26.9

*Most recent available data. Source: Centers for Disease Control and Prevention, Nutrition, Physical Activity and Obesity: Data, Trends and Maps. 2015. https://nccd.cdc.gov/NPAO_DTM/DetailedData.aspx?indicator=49&statecode=110&int type=13.

The most challenging statistics for Ohio are for exclusive breastfeeding—a breast-milk-only infant diet. Recent data from the CDC show that only 18.6% of Ohio's Black babies are exclusively breastfed three months after birth compared to 41.4% of White babies.[19] By six months, exclusive breastfeeding for Black babies is down to 3.8% compared with 16.8% of White babies. These extremely low rates persist despite the American Academy of Pediatrics' recommendation of exclusive breastfeeding for the first six months.[20]

It is clear that we could be doing far better for Black women and families, and without intervention, these rates could plateau or fall even lower.

What's Behind the Numbers?

Breastfeeding is challenging for all mothers, but Black mothers face a distinct set of barriers—all of which are exacerbated for low-income Black women—including a lack of support from healthcare and nutrition systems, employers, friends, and family as well as negative cultural perceptions and experiences.

U.S. Department of Agriculture. Mom with grandmother and baby.

Racism

Research suggests that racism plays a significant role in the racial disparity in breastfeeding rates. When considered comprehensively, racism is "a system where power is unevenly distributed along racial lines resulting in the oppression and exclusion of non-White groups."[21]

Racism is not confined to a box. Its effects encompass nearly every aspect of life including where you can live safely, your educational access and opportunity, the level of expectation your school teachers will set for your children, or the type of medical advice your doctor will share. And the mark of racism persists with systemic issues like decades of discriminatory housing policies creating segregated and under-resourced neighborhoods and schools.

The impact of racism on health is notable. For example, studies found that the rates of disproportionally low birthweight for Black infants in the U.S. were nonexistent for infants born to recent immigrants from Africa when compared to White American babies.[22] But after a generation of minority status, the birthweight rates for babies born to daughters of African immigrants were virtually the same as those in the established Black U.S. minority population.[23]

Among the factors that make racism toxic to health is chronic stress. Dr. Camara Jones, a leading expert on racism and health at the CDC, puts it this way: "It's like gunning the engine of a car, without ever letting up. Just wearing it out, wearing it out without rest. And I think that the stresses of everyday racism are doing that."[24] All of this is relevant as Black women are disproportionately more likely to have poor perinatal health outcomes, chronic illness, stress, depression, and post-traumatic stress disorder—each is associated with lower breastfeeding rates.[25]

Historical Cultural Barriers

Perceptions about breastfeeding in the Black community have been shaped by slavery and its aftermath, perpetuated by economic and social disparities. Research shows that the historic role of a wet nurse—a practice in which a Black woman involuntarily provided her breast milk for the child of a White slave owner—has had a lasting cultural impact. Many later generations of Black women connect their aversion to breastfeeding with the pain and shame of the historic wet nurse role.[27] This practice continued into the early twentieth century, through roles as nannies to White families.

Around the same time, in the twentieth century, infant formula hit the market, establishing itself as a status symbol based upon its perceived nutritional superiority, exclusive price point, and the increased autonomy it offered mothers. While wealthy families could afford formula, economically disadvantaged women continued to breastfeed out of financial necessity. As formula became more affordable, many low-income Black mothers shifted away from breastfeeding in pursuit of formula's perceived nutritional value, increased social status, autonomy, and an escape from the humiliation associated with wet nursing.[28]

These historical perspectives have impacts on future generations as positive advice from family and friends and connection with someone who breastfed are cited as critical factors to a mother's decision to breastfeed.[29]

Additionally, hyper-sexualization of the Black female body in the media has further exacerbated the tradition of formula feeding in Black families.[30] The stigma of breastfeeding as sexualized rather than natural has discouraged many mothers who may have otherwise chosen to breastfeed.[31]

Economic and Employment Barriers

Income level plays a huge role in breastfeeding rates. [32] Breastfeeding rates drop significantly for low-income Black women—37% initiate breastfeeding compared to 58% for middle and high-income Black women.[33, 34] Furthermore, Black Ohioans are disproportionately represented in the state's low-income brackets and roughly a third of all Black Ohioans live below the poverty line compared to 12.2% of White Ohioans.[35]

In addition, a woman's employment is cited as one of the most critical determinants for whether a mother will initiate breastfeeding or wean her baby before s/he reaches six months old.[36] Generally speaking, a woman is four times less likely to initiate or continue breastfeeding if she has less than six weeks of maternity leave.[37] Inflexibility in work hours, location, and workplace spaces to express and store milk also create significant barriers to breastfeeding.

On average, Black mothers return to the workplace earlier than women of other racial and ethnic groups, and many to workplaces that are inflexible.[38] And a disproportionate number of Black women—nearly a third—are employed in service occupations.[39] Despite federal requirements that employers provide mothers with break times and privacy to pump during the workday, many Black women express discomfort with approaching management with this request, and so cease breastfeeding very early in their baby's life.[40] Additionally, many find formula easier to provide to other caretakers and one less responsibility to juggle as a parent.[41, 42]

Jumping Hurdles to Find Support

Cissy had just become a new mother in Southside (Edgewood), Columbus. Excited about bringing baby Michael home and nourishing him with breastmilk, Cissy requested a visit by the hospital lactation consultant during her delivery stay.

Like most new mothers, Cissy was experiencing some difficulty breastfeeding Michael. Because of the high demand for the hospital lactation consultant, Cissy did not have her requested lactation consultant visit until her second day with Michael. Cissy's early experiences of difficulty breastfeeding decreased her confidence in being able to feed Michael properly.

Scared, but unwilling to give up, she scheduled for the hospital nurse to visit at home after she left the hospital. Unfortunately, a nurse never came. Even though Cissy was experiencing sleep deprivation, hormonal changes, and stress – all normal new mother experiences – she persevered to find breastfeeding support at a different hospital than her delivery hospital.

Cissy's uncommon determination led her to a weekly breastfeeding group where nurses and lactation consultants provided support and new mothers bonded. These mothers and babies provided a network of physical, social and emotional support. Cissy is a happy and healthy mother in Columbus with baby Michael who was fully breastfed up to his first birthday.[43]

U.S. Department of Agriculture. New Moms Participating in a Group Discussion with WIC Counselor

Healthcare and Nutrition System Barriers

Data suggest that Black mothers often do not receive adequate breastfeeding support from healthcare and maternal support professionals.

A family's in-hospital experience is an important factor for breastfeeding. The CDC recomends the Baby Friendly Hospital Initiative, which provides 10 evidence-based best practices to promote breastfeeding in hospitals. However, according to research published by the CDC in a 2014 Morbidity and Mortality Weekly Report, hospitals in zip codes with more than 12.2% Black residents were less likely to meet five of the ten breastfeeding support indicators compared to hospitals in zip codes with fewer Black residents.[44] While the CDC has not opined on the exact role this may play in the problem, breastfeeding support in hospitals can be an important part of the solution.

In addition, for all races, participation in Ohio's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is associated with about 40% lower breastfeeding rates than eligible nonparticipants, at 27.1%.[45] Black women and infants represent about 15% of Ohio's WIC participants, and while there have been modest gains in breastfeeding initiation, the exclusive breastfeeding rates for Black infants drop to 3% by three months after birth. [46, 47]

WIC's low breastfeeding rates are distressing. The program serves 53% of all infants born in the United States and WIC participants consume roughly 54% of all formula sold in the in the nation.[48] And while Ohio WIC offers programming to encourage breastfeeding, nearly 90% of all Ohio WIC participants fully formula feed.[49]

Nationally, WIC counselors are more likely to provide Black women with advice regarding formula rather than breastfeeding and Black women are less likely to gain access to WIC-based breastfeeding support programs than participants of other races and ethnicities.[50] In Ohio, surveyed Black participants noted some awareness of breastfeeding support programs, but did not participate, looking to WIC as a nutrition subsidy program rather than a breastfeeding support service.[51]

> For Black mothers participating in Ohio's WIC program, exclusive breastfeeding rates drop to *3%* at three months after birth.

Community Support

Finally, community support is a pivotal part of the decision to breastfeed or formula feed. This support can come from the community, but more often it comes from trusted women within a family.[52] However, because many Black women were not breastfed themselves or have few family role models in this regard, many do not commit to breastfeeding and, instead, choose to use formula when facing physical, environmental, or social barriers.[53] Peer supporters can provide solutions to latching difficulties and resulting pain and inflammation—common barriers that lead mothers to stop breastfeeding.[54] Additionally, community supporters can provide encouragement and advice and dispel myths about breastfeeding.[55]

Recommendations

Supporting Ohio's Black mothers in successful breastfeeding requires education and culturally competent prenatal encouragement. Hands-on guidance in the first hours, days, and weeks after delivery from peers and professionals is crucial to ensuring that Ohio's babies have the best chance of survival that mothers' milk can give them.

As Ohio communities come together to address the state's dire infant mortality rates and improve outcomes for Black babies, it is vital to ensure mothers receive wraparound breastfeeding support. Programs currently serving communities with high infant mortality rates must coordinate and evaluate where gaps exist in care, ensuring the provision of practical, culturally competent, and accessible services and support from pregnancy, throughout the first year.

Healthcare systems are uniquely positioned to provide targeted interventions and support for Black women and infants as nearly all Ohio babies are born in hospitals. In addition, workplace intervention is recommended because a woman's amount of maternity leave and workplace environment are largely determinative of whether she will initiate or continue breastfeeding.

> Ohio's Black babies are almost twice as likely to receive formula in the first two days of life compared to White babies.

1. Ohio Medicaid and private insurers should fully cover home visits from lactation consultants

Ohio's low-income Black mothers report knowing the benefits of breastfeeding, and that they have tried to breastfeed their baby.[56] However, many lack needed resources, including transportation to follow-up appointments after birth when they experience physical difficulties in breastfeeding. Not surprisingly, the data show that Ohio's Black babies are nearly two times more likely to receive formula in the first two days of life than White babies.[57]

Home visits from lactation consultants and trained health professionals fill this gap in care by assisting mothers with practical breastfeeding barriers.[58] By providing access to care during the crucial period after mothers return home from the hospital, they improve breastfeeding rates and reduce infant mortality. Support from doulas and professional lactation consultants can *double* or *triple* the likelihood of breastfeeding.[59]

Current Ohio home visiting programs—for example, Help Me Grow, a home visiting program through the Ohio Department of Health that works with at-risk new mothers—do not uniformly provide these vital professional services.[60] A number of other states have responded to recommendations from the CDC, the U.S. Preventative Services Task Force, and the U.S. Surgeon General by reimbursing lactation consultants and doulas through Medicaid.[61]

> Studies show that support from doulas and professional lactation consultants can double or triple the likelihood of breastfeeding.[62]

Likewise, Ohio should require Medicaid managed care plans as well as private insurers to include home visits from lactation consultants as a covered service for mothers returning from the hospital after giving birth.

> Of 65,871 infants who participated in Ohio WIC in 2015, nearly 90% were fully formula-fed.

2. Ohio's WIC program should be a hub for culturally competent, comprehensive breastfeeding support before and after birth

Prenatal WIC services can open the door for Black babies to receive breast milk and all of its health benefits. Ohio's WIC program offers peer breastfeeding counselors statewide to participants throughout pregnancy and after birth.[63] Ohio WIC peer counseling is available in all 88 counties, and is, thus, uniquely positioned to have a profound impact on Ohio's Black breastfeeding rate. However, nearly 90% of the 65,871 infants who participated in Ohio WIC in 2015 were fully formula-fed.[64]

In 2016, the U.S. Department of Agriculture (USDA) called on state WIC programs to improve continuity of care—from a mother's last visit before birth to her first visit after the baby is born—especially with breastfeeding support during the critical period when mothers return home from the hospital.[65] As a source of vital community support in this window, WIC peer counselors can provide access to culturally competent guidance to address the needs of partcicipating Black mothers.

Ohio WIC should assess the impact of peer counseling to improve access to culturally competent breastfeeding support in the crucial early postpartum period.

In addition, Ohio WIC is poised to improve infant health by sharing resources, engaging community partners, and leading collaborative efforts to promote breastfeeding as a tool to improve outcomes for Ohio's babies.

The La Fe WIC and Las Palmas Medical Center partnership in Texas provides a great example. The two organizations built a bridge from the hospital to WIC family services. WIC peer counselors start working in the hospital assisting with breastfeeding education before delivery and lactation support during hospitalization—which includes helping mothers set and measure their breastfeeding goals. WIC support continues when the mothers return home.[66]

Celevrate One

Finally, WIC should evaluate the impact of formula marketing and advertising as well as the approach to providing formula through the program upon WIC recipients and work to incentivize breastfeeding.

57% of women participate in the labor force and nearly 70% of women with children are in the workforce.

3. Ensure all Ohio workers have paid family leave

Women's presence in the workforce has increased dramatically over the last several decades. Currently, 57% of women participate in the labor force and nearly 70% of women with children are in the workforce.[67] Historically, Black women have higher labor force participation than women of other races.[68]

Paid parental leave can reduce infant mortality rates up to 13%, in the form of outcomes such as increased birth weight and significantly increased breastfeeding rates.[69] On the other hand, babies whose mothers must return to work shortly after birth are more likely to be born preterm, and are less likely to be breastfed exclusively compared to those taking six or more weeks off.[70]

The United States is the only industrialized nation in the world that fails to provide national paid maternity leave.[71] In a study of 41 developed countries, all but the United States permitted generous periods of paid leave. For example, European women typically enjoy 14 to 20 weeks of initial paid leave with possibilites to extend paid and unpaid leave.[72]

In the United States, only three states offer paid leave policies: California, New Jersey, and Rhode Island—New York will join the list in 2018.[73] California offers six weeks, and New Jersey and Rhode Island each offer four weeks.

Employee-paid payroll taxes fund each of the programs and each is administered through their disability programs.[74]

Ohio must work to achieve job protection and paid parental leave for parents. Babies most at-risk for infant mortality and other poor health outcomes are those least likely to have parents with access to paid leave—furthering the health disparities children face from their first days of life.

The United States is the only industrialized nation in the world that fails to provide national paid maternity

4. Enact a breastfeeding bill of rights

It is important that all women be informed about their breastfeeding rights. Ohio can take a key step to ensure they are informed.

For example, New York enacted a Breastfeeding Bill of Rights that must be posted in each hospital clinic and treatment center that provides prenatal services. It explains a number of mothers' rights including the right to information before delivery, the right to begin breastfeeding within an hour of birth, the right to know about and refuse any drug that may dry milk supply, and the right to refuse bottles and formula feeding materials.[75]

Ohio should also enact a breastfeeding bill of rights explaining the rights a mother has in relation to breastfeeding before, during, and after delivery of her baby. A bill specific to treatment should be posted in all hospitals and maternal health facilities. In addition, a

bill regarding workplace rights should be posted in a public place in each workplace facaility in the state to ensure that women and their employers are informed about their breastfeeding rights and responsibilities.

5. Expand comprehensive participation in First Steps for Healthy Babies

As mentioned above, the CDC and a host of other authorities on health and pediatrics have launched initiatives to promote the use of the Baby Friendly Initiative 10 Steps to Successful Breastfeeding. The initiative is a worldwide program of the World Health Organization and UNICEF and includes a rigorous four-step certification process.[76] As noted above, few hospitals serving Black communities meet these guidelines—in Ohio, only 18.1% of babies are born in hospitals that comprehensively adhere to these guidelines.[77]

First Steps for Healthy Babies is a breastfeeding initiative led by the Ohio Department of Health (ODH) and Ohio Hospital Association (OHA) to reduce infant mortality by rating hospitals on their adherence to the 10 Steps to Successful Breastfeeding. Hospitals are rated on a five-star grading system. The factors include allowing mothers and babies to remain together around the clock, initiating breastfeeding within an hour of birth, establishing and training staff in a breastfeeding policy that encourages breastfeeding on demand, establishing and referring mothers to breastfeeding support groups after discharge, and limiting the use of formula (unless medically indicated) and pacifiers to breastfeeding babies.[78]

Only 11 of 149 hospitals in Ohio have all five stars.[79]

Leaders from ODH and OHA have worked diligently to develop the Maternal & Child Health Block Grant 5-Year Action Plan Report. Included in the report are several steps like training and awards to encourage hospitals to adopt the 10 Steps to Successful Breastfeeding.[80]

We propose that Ohio should require all acute care and special hospitals that have a perinatal unit to adopt First Steps for Healthy Babies.

At minimum, Ohio should require uniform adoption of breastfeeding best practices in hospitals serving low-income and Black mothers to improve outcomes for babies born at-risk of infant mortality. These are proven interventions, and the benefit to Ohio's Black babies, in particular, would be well worth the investment.

Tostadaphoto.com. Cry baby cry

Conclusion

Given Ohio's alarming Black infant mortality rate, breastfeeding is a powerful, economical, and common-sense way to improve health outcomes for Ohio's Black mothers and babies. To support its youngest citizens, Ohio must promote solutions that would encourage and support breastfeeding through its health, nutrition, and workforce infrastructures. Ohio's babies are depending on us to celebrate their first birthday and start a path to successful adulthood. We must act today.

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Children's Defense Fund–Ohio

A strong, effective, independent voice for *all* children

Mission Statement

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

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