

No Cost, Big Benefit

Breastfeeding Promotes Health and Prevents Disease

By Kauthar B. Umar, M.A.

Closing the Gap, Maternal Health • January/February 2004

New moms can keep their money in their pockets. Without spending a dime, mothers can improve their baby's health, and their own, by taking advantage of the one thing that can not be bought off the shelf—breast milk.

“When a mother breastfeeds, it strengthens the bond between her and her baby,” said Carol Huotari, manager of the Center for Breastfeeding Information at La Leche League International. “There are benefits for the child, and there are benefits for the mother.”

As long as women across the country continue to neglect breastfeeding, they are placing themselves and their babies at-risk, experts say. That's why all women, and minorities in particular, are being encouraged to exchange rubber nipples for the real thing.

According to the United Nations Special Session on Children and the World Health Organization (WHO), breastfeeding is the most cost-effective way to promote health and prevent disease. Research shows that breastfeeding, for the mom, leads to an earlier return to pre-pregnancy weight, decreases postpartum bleeding, and possibly reduces the risk of ovarian cancer. Among American Indians, the incidence of obesity, which contributes to high rates of type 1 and 2 diabetes, has decreased when breastfeeding among new mothers has increased, according to Sue Murphy, breastfeeding program coordinator at the Diabetes Center of Excellence at the Phoenix Indian Medical Center.

The health benefits children receive from breast milk are equally promising. Breast milk enhances an infant's cognitive development, neurodevelopment, immune system, and nutritional and mental health.

Why Women Don't Breastfeed

Despite the benefits of breastfeeding, HHS studies show that too few women commit to exclusive breastfeeding, while many remain unaware of its importance.

“I don't think most women know about the benefits of breastfeeding for their children and for themselves,” said Dr. Suzanne G. Haynes, chairwoman of the HHS Subcommittee on Breastfeeding and senior science advisor to the Office of Women's Health (OWH). “Still today, in developed countries like ours, breastfeeding is viewed as old fashioned.”

Breastfeeding is least common among young, low-income ethnic minorities who work full time, according to a literature review by Cindy-Lee Dennis in the January/February 2002 issue of the “Journal of Obstetric, Gynecologic, and Neonatal Nursing.” Most lack proper support, decide to breastfeed during or late in their pregnancy, feel negatively about breastfeeding, and have low confidence in their ability to breastfeed.

This holds true for many African American women. HHS statistics show that African Americans have the lowest rate of breastfeeding among all ethnic groups—only 45 percent during the early postpartum period, compared to

68 percent of White women, who breastfeed most often.

A NIH study conducted by Dr. Yvonne Bronner, director of the MPH/DrPH program at Morgan State University, found that lack of support from partners and families was a major deterrent to breastfeeding. As a result, breastfeeding has lost its importance in African American culture said Katherine M. Barber, executive director and founder of the African American Breastfeeding Alliance Inc. (AABA).

“The shift in the family structure from two-parent to single-parent families, as well as infant formula companies and their ability to mass market to the African American community, has influenced this change,” Barber said.

Such cultural trends continue to lure women away from breastfeeding. For many Asian American and Pacific Islander (AAPI) women, breastfeeding is not popular in their countries of origin, so when they migrate to the United States they bring the bias with them.

Exposure to bottle feeding in hospitals has also been highly influential, especially for new AAPI immigrants.

“When the baby's crying, the nurse will pop in the bottle and that gives mothers the wrong message,” said Madeline Ritchie, center director of the Chinatown Public Health Center in San Francisco.

Language barriers and a lack of cultural competence among medical staff also affect a new mother's choice to breastfeed exclusively. While Hispanic women often breastfeed initially, they tend to introduce formula into their babies' diets early on, leading to early weaning, according to Dr. Lucia Kaiser, community nutrition specialist at the University of California, Davis, Department of Nutrition.

Part of the problem, research conducted by the University of California, Berkeley indicates, is that Mexican Americans receive breastfeeding advice less often because they are frequently less educated, of lower socioeconomic status and unmarried.

“Some of it simply has to do with how hospital staff delivers care and what kind of practices they have in the hospital that can support breastfeeding in that population,” Kaiser said.

For American Indians, who tend to have positive cultural views about breastfeeding, the loss of traditional birthing practices has contributed to lower breastfeeding rates.

“Anthropologic research on the Navajo Nation by Dr. Anne L. Wright, associate director of the Arizona Respiratory Sciences Center at the University of Arizona Medical Center, suggested that the loss of the traditional ‘women helping women’ in childbirth has contributed to the loss of the art of breastfeeding among Native Americans,” Phoenix Indian Medical Center's (PIMC) Murphy said. “In the general population, this traditional circular nurturing is described as ‘mothering the mother so that she can mother her baby.’”

continued on page 2>>>>



No Cost, Big Benefit

Breastfeeding Promotes Health and Prevents Disease

By Kauthar B. Umar, M.A.

Closing the Gap, Maternal Health • January/February 2004

Breaking Down Barriers

In an attempt to eliminate barriers to breastfeeding, OWH and various cultural organizations are working toward reaching the Healthy People 2010 national health objectives: increasing breastfeeding rates among all women to 75 percent in the early postpartum period, from 29 percent to 50 percent at six months, and from 16 percent to 25 percent at one year. To reach the goals, OWH developed the, “Blueprint for Action on Breastfeeding,” an action plan and a comprehensive breastfeeding policy for the nation.

Because the decision to breastfeed is usually made within the first three months of pregnancy, the Blueprint focuses on education for women, their partners and other significant family members during both the prenatal and postnatal visits.

The Blueprint also calls for culturally appropriate strategies to promote breastfeeding and eliminate racial and ethnic disparities. Toward that end, programs are being developed to give mothers access to comprehensive, up-to-date and culturally specific lactation services.

In partnership with the Alliance, HHS developed interventions to educate African American mothers about breastfeeding. The in-

terventions include teaching moms the importance of pumping and freezing breast milk to promote spousal involvement in feeding and strategies to help mothers transition back to work. AABA also provides intervention, support groups, home and hospital visits and breastfeeding classes for and by African American women.

“Because our information is coming from African Americans, it tends to help,” Barber said. “Whether it’s a poor community or an affluent one, peer counselors that Black women can relate to, that can teach them about breastfeeding one-on-one, tend to make a big difference.”

Efforts to increase rates among American Indians have focused on culturally sensitive promotional material. Together with various tribal communities, PIMC and NIH created “An Easy Guide to Breastfeeding for American Indians and Alaska Natives.”

“We hope that our intervention’s progress is a reflection of providing readily available, consistent and reliable information,” said PIMC’s Murphy.

Though breastfeeding has been ignored for far too long, it is finally reaching more women, according to Haynes.

“You have to educate every generation as they come along,” she said. “We’ve got to make this a cool thing to do.” ❖

