

REACH BREASTFEEDING INITIATIVE LATINE FOCUS GROUPS OUTCOMES



WORCESTER STATE UNIVERSITY
LATINO EDUCATION INSTITUTE



WORCESTER
DEPARTMENT OF
HEALTH & HUMAN SERVICES

REACH BREASTFEEDING INITIATIVE LATINE FOCUS GROUPS OUTCOMES



Worcester Community Connections Coalition

Youinc
An Affiliate of Greater Worcester Foundation

484 Main Street, Suite 460
Worcester, MA 01608
508-552-7469



WCAC
BREAKING THE CYCLE OF POVERTY ONE NEIGHBOR AT A TIME

eliminating racism
empowering women
ywca
Central Massachusetts



OUR PARTICIPANTS



4 FGs

29

7
countries

Brazil, Chile,
Colombia,
Dominican
Republic, El
Salvador, Puerto
Rico and U.S.

Teens to
Fifties

No
experience
to
Grandmas

ATTITUDES & KNOWLEDGE ABOUT BREASTFEEDING (BF) PRIOR TO PREGNANCY

Outside the U.S.

- No “formal” information/education about BF.
- Extensive familial “know-how” about BF, activated especially after birth
- BF as “natural,” something that is “supposed to be,” “meant to be.” Women “intuitively” understand as part of motherhood.
- Family matriarchs (mothers and grandmothers of pregnant women) identified as the bearers of the “know-how” about BF.
- Some women reported BF information and support started during pregnancy through the obstetrician’s clinic. In some countries, this was comprehensive
- Information included health and emotional benefits of BF, and female self-care for BF
- Some women reported support from nurses after birth as very helpful

Within the U.S.

- Women with experience in local hospitals reported a combination of supports that provided information about breastfeeding including, videos at ob-gyn offices (English and Spanish) and at the hospital room, nurses at the hospital and breastfeeding specialists.
- Women reported that they were given information about using breast milk pumps and about combining pumping milk and breastfeeding to make feeding the baby easier

KNOWLEDGE ABOUT THE BENEFITS OF BREASTFEEDING

*Outside the U.S.

- Mother's milk is healthy - the best nutrition for the baby, and it supports the baby's healthy development. Clear association between mother's milk and baby's health for short and long-term.
- Mother's milk has protective benefits against illnesses, infections, & strengthens the immune system
- Emphasis as well in BF's social-emotional benefits, such as mother-baby bond, and healthy attachment.
- Most women used positive adjectives to describe the experience of BF, such as "beautiful."
- Two women referred to BF as not "natural." Still, they BF b/c they knew "it was good for my baby."
- Matriarchs played a central role in dispelling negative myths or misinformation about BF, that sometimes came from the medical field.

*Within the U.S.

- Mother's milk is healthy and the best nutrition for the baby, and it supports the baby's healthy development.
- Mother's milk has protective benefits for the baby against illnesses and infections, and strengthens the immune system

*All Women

- Women who could not breastfeed due to post-partum illness, referred to not being able to BF with a sense of loss, relating that they felt their babies were missing out on nutrition and other benefits that could only come from breast milk.

PERCEPTIONS & REPORTS FROM THE LIVED EXPERIENCE OF BREASTFEEDING

*Outside the U.S.

- Extensive learning about breast care, nutrition and use of breast pumps to BF successfully and prevent pain. This
- Learning acquired from narratives from elders, cultural expectations, and health systems

*Within the U.S.

- Learning included use of breast aides (i.e. silicone nipples)
- Learning was acquired from Doulas, nurses, and BF consultants

*All Women

- BF as a positive experience, even when they struggled with it, felt pain or were uncomfortable.
- Most felt it was important to breastfeed for at least six months.
- The span of time of breastfeeding reported ranged from 3 months to 2 years.
- Sense of well-being that came from the emotional connection & bond with their babies while BF
- A woman with experience both outside and inside the U.S. reported progressive experience of education about breastfeeding over her three pregnancies and births. Third delivery took place in Cambridge, MA at a specially designed Birthing Center that provided extensive information not just for her but for her partner (husband), and the role partners can play during BF.

TIME SPAN OF BREASTFEEDING

SAMPLE: 13 WOMEN



INCENTIVE & BARRIERS TOWARD BREASTFEEDING

Outside the U.S.

- Women from Chile and El Salvador reported favoring labor laws for both maternity and paternity leave during the first year of birth to support breastfeeding and child rearing.
- Benefits included extended leave, shortened workday by two hours to help women spend more time with their children and accommodations to breastfeed at work-place.

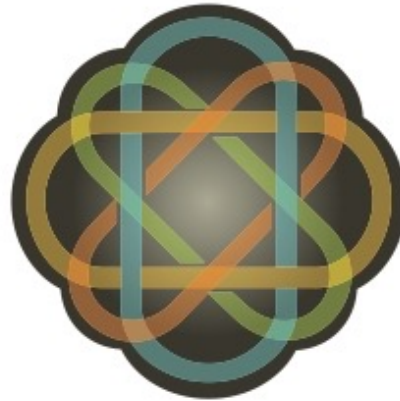
Within the U.S.

- Local hospitals provided no information about BF during pregnancy or after birth
- Local hospitals “pressured” women to bottle feed their babies even though they wanted to breastfeed
- Communication around BF is “confusing” at hospitals b/c nurses “push” for bottle feeding & BF specialists for breastfeeding ... “the staff do not agree!”
- U.S. system makes it difficult to BF b/c maternity leave is limited, not all employers accommodate for BF at work.
- U.S. culture “pushes” bottle feeding as a convenience to help women who work to juggle child rearing and work life. Formula companies “make it too easy.”
- In some work environments, the human resources department put pressure on women to return to work

RECOMMENDATIONS TO SUPPORT BF AS A HEALTHCARE PRIORITY

- *Mobilize resources to have more BF specialists and nurses trained about BF, the importance to provide “know-how” of BF to women during pregnancy and after giving birth.*
- *Information should include specifics about breast care, baby’s behaviors while BF, nutrition while BF and expectations about pain and discomfort.*
- *Women should be provided with information from attachment theory, such as the studies from John Bowlby and the connection between breastfeeding and healthy social-emotional development*
- *The system should pay close attention to teenagers and young women to counteract the overwhelming messages that focus on emphasizing “beauty & comfort” which may persuade women against BF.*
- *Childcare providers should be considered a resource in supporting education around BF. Investment in their capacity building to provide education about breastfeeding would broaden the reach of proper information*
- *Education should be inclusive to spouses / partners and the role they can play when mothers are breastfeeding*
- *Public campaigns in multiple languages to promote benefits of breastfeeding would have a significant impact.*





HUMANITY
A D V A N C E D

Bertha-Elena Rojas, Psy.D.; M.Ed.

info@humanityadvanced.com

<https://www.humanityadvanced.com/>