

**REACH BREASTFEEDING
FOCUS GROUPS – MAIN THEMES
SPANISH-SPEAKING & LATINE FAMILIES**

**Facilitation & Summary By: Bertha-Elena Rojas, Psy.D.; M.Ed.
Humanity Advanced, LLC
info@humanityadvanced.com**

FOCUS GROUPS	• 3 FOCUS GROUPS: May 2 nd , May 3 rd , and May 12 th , 2022		
Events and Participants	<ul style="list-style-type: none"> * In-Person Events @ YWCA • April 2nd – 1 participant • May 7th – 14 participants 	<ul style="list-style-type: none"> * Virtual Events • April 14th – 12 participants • May 2nd – 2 participants 	<ul style="list-style-type: none"> • TOTAL PARTICIPANTS: 29
Group Representation	<ul style="list-style-type: none"> * Countries of Origin: • Brazil • Chile • Colombia • Dominican Republic • El Salvador • Puerto Rico • United States 	<ul style="list-style-type: none"> * Age: • Teenager (one) • Twenties to Forties: majority • Forty to Fifty: small group 	<ul style="list-style-type: none"> * Experience with expecting and/or motherhood • None (one) • Expecting (two) • Expecting and motherhood: majority • Grandmothers: small group
TOPIC	ATTITUDES / KNOWLEDGE ABOUT BREASTFEEDING PRIOR TO PREGNANCY		
Women with pregnancy experience outside of the U.S.	<ul style="list-style-type: none"> • Many women conveyed they knew “nothing” in that they had no “formal” information or education about BF. As dialogue progressed, it was evident that there was familial “know-how” about BF, that became activated in its dissemination at the time of pregnancy and especially after birth • Many women described BF as “natural” and as something that is “supposed to or meant to be” between mother and child, even though they may not have had information about it. They referred to it as something that women “intuitively” understand as part of motherhood. • Family matriarchs (mothers and grandmothers of pregnant women) were often identified as the bearers of the “know-how” and as the individuals who supported BF • Some women explicitly stated that BF information and support started at the time of the pregnancy through the obstetrician’s clinic. Information was provided about health and emotional benefits of BF, as well as about female self-care while BF. • In some countries, the obstetrician’s office provided extensive education about how to take care of the breasts to support breastfeeding. • Some women reported that help and support from nurses after birth was very helpful to develop a positive attitude toward BF and to follow through with it. 		

<p>Women with pregnancy experience in the U.S.</p>	<ul style="list-style-type: none"> • 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.
<p>TOPIC</p>	<p>KNOWLEDGE ABOUT THE BENEFITS OF BREASTFEEDING</p>
<p>Women with pregnancy experience outside of the U.S.</p>	<ul style="list-style-type: none"> • Mother’s milk is healthy and the best nutrition for the baby. • Mother’s milk supports the healthy development of the baby. • Mother’s milk has protective benefits for the baby against illnesses and infections, and strengthens the immune system • Most women offered comments that delineated a clear association between the mother’s milk and the baby’s health, both in the short and the long-term and in a positive way. • Most women emphasized that breastfeeding also benefits the mother-baby bond, and healthy attachment. Adjectives used to describe the bonding and the experience were positive, such as “beautiful, very important. • Two women reported feeling that breastfeeding was not “natural.” One woman felt it was inappropriate because of the sensual associations with breasts. She still breastfed for 3 months because of the benefits of the mother’s milk to the baby. Another woman found it repulsive and painful. However, “I did it for the health of my baby because it was good for him. I had a good doctor and a good midwife who explained things to me... I had a good experience with it with my baby.” • One woman was told by a doctor that breastfeeding while pregnant with her second baby, would put her unborn baby at risk, and that “my [unborn] baby was going to die if I kept breastfeeding.” Her grandmothers explained to her that this was not true, and that breastfeeding while pregnant caused no harm to her unborn baby.
<p>Women with experience in the U.S.</p>	<ul style="list-style-type: none"> • Mother’s milk is healthy and the best nutrition for the baby. • Mother’s milk supports the healthy development of the baby. • Mother’s milk has protective benefits for the baby against illnesses and infections, and strengthens the immune system
<p>All Women</p>	<ul style="list-style-type: none"> • Women who could not breastfeed due to post-partum illness, referred to not being able to breastfeed 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.

TOPIC	PERCEPTIONS / REPORTS ABOUT BREASTFEEDING FROM THE LIVED EXPERIENCE OF HAVING BREASTFED
Women with pregnancy experience outside the United States	<ul style="list-style-type: none"> • Women learned about taking care of their breast to breastfeed successfully. They learned to massage their breasts, use warm compresses, use oil to take care of their nipples and surrounding area, drink certain teas, eat nutritious foods, and use the breast pump to prevent painful and swollen breasts. • This learning was acquired from passing narratives from elders, cultural expectations, and health systems
Women with pregnancy experience in the United States	<ul style="list-style-type: none"> • Some women reported that getting information about how to use a silicone nipple to protect the breast or to bridge into direct breastfeeding was very helpful • This learning was acquired from Doulas, nurses, and breastfeeding consultants
All Women	<ul style="list-style-type: none"> • Most women talked about breastfeeding as a positive experience, even when they struggled with it, felt pain or uncomfortable with it. • Most women felt it was important to breastfeed for at least six months. Many did for at least that amount of time. The span of time of breastfeeding reported ranged from 3 months to 2 years. • Many women felt emotionally connected and bonded with their babies through breastfeeding • A woman with experience both outside and inside the U.S. reported progressive experience of education about breastfeeding over her three pregnancies and births. Her third delivery took place in Cambridge, MA where she was provided with the support of a Doula, and a dedicated maternity unit across the hospital for women who wanted natural birth with no anesthesia. In this unit, there was careful consideration about the setting, which was suitable for families (husband and other children to accompany women in their labor and delivery), the lighting, provision of comfortable furniture, music and relaxation supports. There was also extensive information about breastfeeding, including information for fathers and how they can partner / participate in breastfeeding • In a sample of 13 women, the following breastfeeding periods were reported by women: <ul style="list-style-type: none"> - Under 3 months: 1 - 3 months: 2 - 6 months: 2 - 6 to 12 months: 4 - One year: 2 - 18 months: 1 - 2.5 years: 1
TOPIC	INCENTIVES / BARRIERS TOWARD BREASTFEEDING
Women with pregnancy experience outside of the U.S.	<ul style="list-style-type: none"> • A woman from Chile and another from El Salvador reported favoring labor laws for both maternity and paternity leave during the first year of birth to support breastfeeding and child rearing, including extended leave, accommodations to breastfeed and a shorter workday by two hours to help women get home earlier and spend time with their children

<p>Women with experience in the U.S.</p>	<ul style="list-style-type: none"> • Some women in local hospitals received no information about breastfeeding throughout their pregnancy or after their babies were born • Some women in local hospitals felt pressure to bottle feed their babies even though they were prepared to and wanted to breastfeed • A few women reported that hospitals can be confusing about breastfeeding because nurses push for bottle feeding while breastfeeding specialists are encouraging to breastfeed... “the staff do not agree!” • Some women reported that the U.S. system and way of living makes it difficult to breastfeed. For instance, women are not provided with enough maternity leave. Not all places of employment provide accommodations to support pumping to continue breastfeeding. Bottle feeding is “pushed” as a convenience to help women who work to juggle child rearing and work life. Some women reported that formula companies “make it too easy.” • In some work environments, human resources departments put pressure on women to return to work
<p>TOPIC</p>	<p>RECOMMENDATIONS TO SUPPORT BREASTFEEDING AS A WOMEN’S/BABY HEALTHCARE PRIORITY</p>
<p>All Women</p>	<ul style="list-style-type: none"> • Continue efforts to understand healthcare access under the context of culture and remain open to the different ways in which groups from certain cultures may/may not be accessing information and resources due to systemic inequities and barriers, and not the result of cultural beliefs and values. • Mobilize resources to have more breastfeeding specialists and nurses trained to disseminate information about breastfeeding and the know-how of breastfeeding to women during pregnancy and after giving birth. Information should include specifics about breastfeeding including that breasts do not get full evenly, that babies tend to favor a breast over the other, the possibility for pain and how to address it to work through it, what to do when mother does not produce enough milk, etc. • Women should be provided with information from attachment theory, such as the studies from John Bowlby about attachment theory and the connection between breastfeeding and healthy attachment and development • The system should pay close attention to teenagers and young women, because they seem too consumed with their self-image. Their impressions are that young women do not want to breastfeed because they are afraid that their breasts will “fall” from breastfeeding. Their focus on “beauty and comfort” is preventing young women understand the benefits and importance of breastfeeding • Childcare providers should be considered a resource in supporting education around breastfeeding. Resources should be allocated to them for capacity building to provide education about breastfeeding • Education should be inclusive to spouses and the role they can play when birthing mothers are breastfeeding • Public campaigns in multiple languages to promote benefits of breastfeeding