

Cultural Humility and Affirming Breastfeeding

Healthy Start Regional Meeting

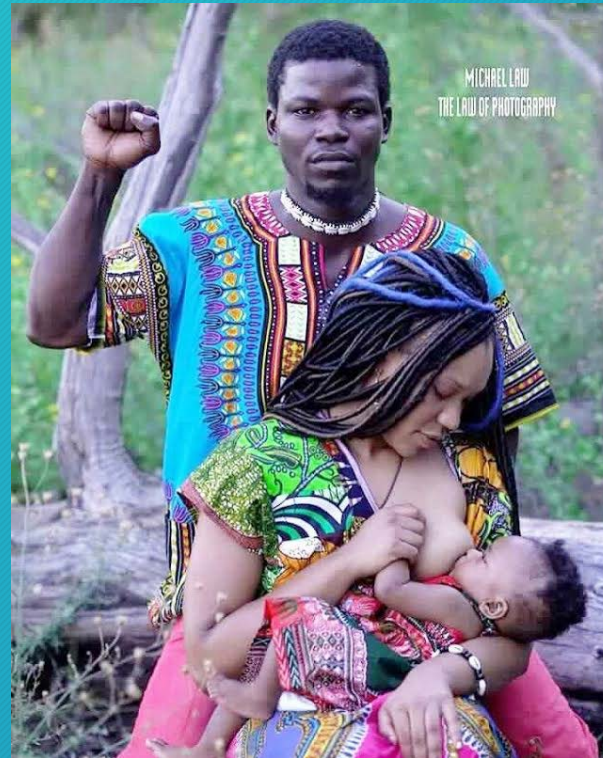
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Who Supports Breastfeeding and Why does it Matter?



WHO



The World Health Organization

- “Breastfeeding is the normal way of providing young infants with the nutrients they need for growth and development. Virtually all mothers can breastfeed, provided they have accurate information, the support of their family, the health care system and society at large”
- WHO, 2016

The Role of Public Health



Public Health
Prevent.Promote.Protect.

Centers for Disease Control

- “The CDC’s goal is to increase breastfeeding rates in the United States and to promote optimal breastfeeding practices. To meet this goal, mothers need support. The 2011 Surgeon General Call to Action to Support Breastfeeding outlines six areas to focus support to increase breastfeeding : mothers and their families, communities, health care, employment, research, and surveillance and public health infrastructure”

American Academy of Pediatrics

- “Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short and long term medical and neuro-developmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice”.

American Academy of Family Physicians

- Breastfeeding is the physiological norm for both mothers and their children. Breast milk offers medical and psychological benefits not available from human milk substitutes. The AAFP recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life. Breastfeeding should continue with the addition of complementary foods throughout the second half of the first year. Breastfeeding beyond the first year offers considerable benefits to both mother and child, and should continue as long as mutually desired. Family physicians should have the knowledge to promote, protect, and support breastfeeding. (1989) (2017 April BOD)

American College of Nurse Midwives

- “ACNM promotes breastfeeding as the optimal method of infant feeding. Breastfeeding soon after birth may reduce the risk of maternal blood loss and enhance maternal infant bonding. Exclusive breastfeeding for the first 6 months provides complete nutrition for growth and development, and ideally breastfeeding should continue throughout the first year of life. Breast milk contains specific immunologic factors that cannot be duplicated in commercially prepared formulas and that have been shown to enhance the infant’s immune response and to reduce the incidence of infectious diseases. In addition, breastfeeding has been shown to decrease the risk of obesity, asthma, celiac disease, inflammatory bowel disease and types 1 and II diabetes later in childhood”

American Congress of Obstetricians and Gynecologists

“ Evidence continues to mount regarding the value of breastfeeding for both women and their infants. The College strongly supports breastfeeding and provides resources to Fellows, other health care professionals caring for women and their infants, hospitals, and employers to support women in choosing to breastfeed their infants” .

Academy of Nutrition and Dietetics

“ It is the position of the Academy of Nutrition and Dietetics that exclusive breastfeeding provides optimal nutrition and health protection for the first 6 months of life, and that breastfeeding with the complementary foods from 6 months until at least 12 months of age is the ideal feeding pattern for infants. Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality.....”

Local Support Circles



The Pittsburgh Black Breastfeeding Circle

- “ The mission of the Pittsburgh Black Breastfeeding Circle (PBBC) is to protect, promote and support breastfeeding as the cultural norm and optimal feeding method for mothers of African descent in Pittsburgh and surrounding areas. Our mission also includes providing culturally humble and relevant breastfeeding education and information in a group setting. The PBBC facilitates community learning with professional and peer support.

We all Agree!

- Exclusive Breastfeeding for about 6 months will promote optimal health benefits for mother and infant. Complementary foods should be introduced at around 6 months in addition to breast milk feeding. Mothers can continue to breastfeed for the first year and beyond as is mutually desirable by mother and child. In addition, mothers can continue to breastfeed if returning to work or school and should receive the support of family, friends, community and employer. The benefits of breastfeeding include: reduced absenteeism for work and school, fewer sick visits to the pediatrician, lowered health care costs for both mother and infant, reduced postpartum bleeding and appropriate child spacing.

Breastfeeding Promotes Long term health

- Breastfeeding should be a regular part of our discussions regarding maternal/child health. As we can see, global, national, and local organizations support breastfeeding as the optimal way to feed our infants. The health benefits are lifelong for both mother and baby and may save over \$13 billion in reduced health care costs.

Healthy Start Performance Measures and Benchmarks

Benchmark:

Increase proportion of HS infants who are ever breastfed to 82%

Description:

HS participants should breastfeed their infants and/or children. Breastfeeding is the feeding of their infants or young children with breast milk directly from female human breasts (i.e., via lactation) rather than using infant formula

Numerator: Number of HS participants' infants who were ever breastfed

Denominator:

Total number of HS infants (0-24 months)

How do we reach our goals with breastfeeding initiation and duration?

- Ensure all Healthy Start (HS) staff recognize and acknowledge breastfeeding as a public health issue and important benchmark for the organization.
- Provide culturally humble training to all Healthy Start staff and more in depth training for those who have direct contact with (HS) participants. This includes how birth practices influence breastfeeding.
- Take an honest personal inventory of the potential challenges when promoting breastfeeding to HS participants. Discuss these with necessary HS personnel.
- Provide training on implicit bias and how that influences how we promote breastfeeding as an organization
- Present evidence based breastfeeding information to all HS mothers, which will help them make an informed infant feeding choice. EBI includes education and support with a trained HS lactation educator early in her pregnancy; in addition to breastfeeding support following delivery at hospital, birthing center, and/or at home.
- If mothers choose to formula feed, provide education on how to mix powdered formula safely and how to feed baby in a nurturing manner that supports brain and physical development.

Cronobacter Bacteria

- “ Cronobacter, formerly known as Enterobacter sakazakii, is a group of germs that can be found naturally in the environment. The germs can also live in dry foods, such as powdered infant formula, powdered milk, herbal teas, and starches.

Cronobacter can cause dangerous blood infections or meningitis. Infants two months of age younger are most likely to develop meningitis if they get sick with Cronobacter.


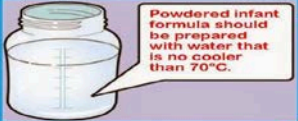

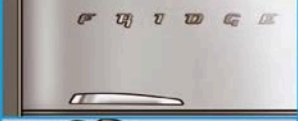

We can help mothers reduce this risk by encouraging the use of liquid formula, using the WHO guidelines to safely prepare powdered formula and properly clean feeding bottles and equipment



-CDC 2016

How to Prepare PIF

Preparing formula in care settings

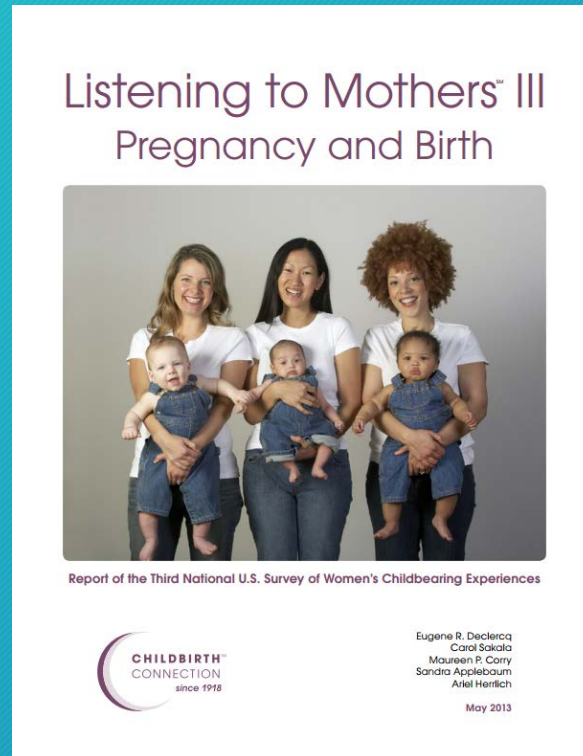
For infants at greatest risk, use sterile liquid infant formula.

	Clean & sterilize Clean and sterilize all feeding and preparation equipment before using it.	Why? Cleaning and sterilizing kills harmful bacteria on equipment that may grow in the feed once it is prepared.
 <p>Powdered infant formula should be prepared with water that is no cooler than 70°C.</p>	Use water no cooler than 70°C Use water that is no cooler than 70°C to prepare feeds from powdered infant formula.	Why? This temperature will kill harmful bacteria that may be present in powdered formula.
	Cool quickly and feed immediately Once a feed is prepared, quickly cool to feeding temperature and feed immediately.	Why? The longer a feed is kept after it is prepared, the greater the chance that harmful bacteria will grow in it.
	Refrigerate feeds you want to use later If you need to store feeds for use later - put them in the refrigerator (5°C or less).	Why? Low temperatures (5°C or less) will slow down or stop the growth of harmful bacteria.
	Throw out left-overs Throw out feed that has not been consumed within two hours. Throw out refrigerated feed that has not been used within 24 hours.	Why? The longer a feed is kept after it is prepared, the greater the chance that harmful bacteria will grow in it. Storing feeds in the refrigerator means that you can store them for a little bit longer.

  World Health Organization

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Food Safety This poster was prepared in collaboration with the Food Safety Authority of Ireland.

Listening to Mothers III- Childbirth Connection



Birth Practices Influence Breastfeeding



Six HBP Explained

- <https://www.youtube.com/watch?v=243cnpOLKxk&t=9s>

Dr. Regina Benjamin - 2011

“One of the most highly effective preventive measures a mother can take to protect the health of her infant & herself is to breastfeed. The decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed. The success rate among mothers who want to breastfeed can be greatly improved through active support...”



*Surgeon General's
Call to Action to Support Breastfeeding
Executive Summary
1/20/11 www.surgeongeneral.gov*

Breastfeeding Initiation and Influence

In order to get to the wonderful place of sustainability with breastfeeding, we must first investigate the challenges and barriers mothers face when deciding to breastfeed.

Breastfeeding Influences can come from a variety of sources:

1. Family
2. Provider
3. Community
4. Society

Family Influence and Breastfeeding

- “ The only person I ever saw breastfeed was my older sister. I was 14 and I remember just hearing my niece crying all the time. She just gave her formula. It made sense. A baby shouldn't just cry like that”
- “ As a small child I remember hearing my Aunties say that breastfeeding was for white women”
- “ Breasts were only thought of as sexual objects for our men. The idea of a baby sucking on them was just disgusting” .
- ‘ My mother said I could breastfeed if I wanted to but I couldn't do it around company. She thought it should only be done in the back room”

Health Provider Influence on Breastfeeding

- “ We spent very little time on breastfeeding education in medical school. I was unsure how to help women breastfeed but did not know how to say that”
- “ My midwife assumed I would breastfeed but she never really talked to me about how to do it”
- “My doctor asked me if I planned to breast or bottle feed. I said bottle but I really was thinking about breastfeeding. He didn’t really ask me much more than that”
- “I had a breast reduction when I was a teenager. My doctor said I wouldn’t be able to breastfeed. I was devastated. My surgeon said I could still breastfeed”

Community Influence on Breastfeeding

- “ I saw women at the WIC office breastfeeding, but it looked weird”
- “ There was a lady at the mall breastfeeding but her whole entire breast was out for everyone to see. I thought that was way too much for kids to see”
- “ I wanted to learn more about breastfeeding so I looked on Facebook and found The Pittsburgh Black Breastfeeding Circle. I learned a lot from them”
- The Badass Breastfeeders Group helped me gain confidence to breastfeed my baby anywhere I wanted to”

Celebrities and Breastfeeding Influence



Societal Influence on Breastfeeding



Cultural Humility vs. Cultural Competency

- https://www.youtube.com/watch?v=_Mbu8bvKb_U&t=11s

What Is Diversity?

Diversity =

- “the quality or state of having many different forms, types, ideas, etc.”
- “the state of having people who are different races or who have different cultures in a group or organization”

What we often think of as diversity



Diversity Also Includes Our Definition of Family



Some Families are Led by a Single Mother



Women over 40 Are Giving Birth



Some Mothers are Differently Abled



Some mothers are self professed vampires



Family

What is YOUR definition of family?

Where did that originate?

What does that mean for us as an organization?

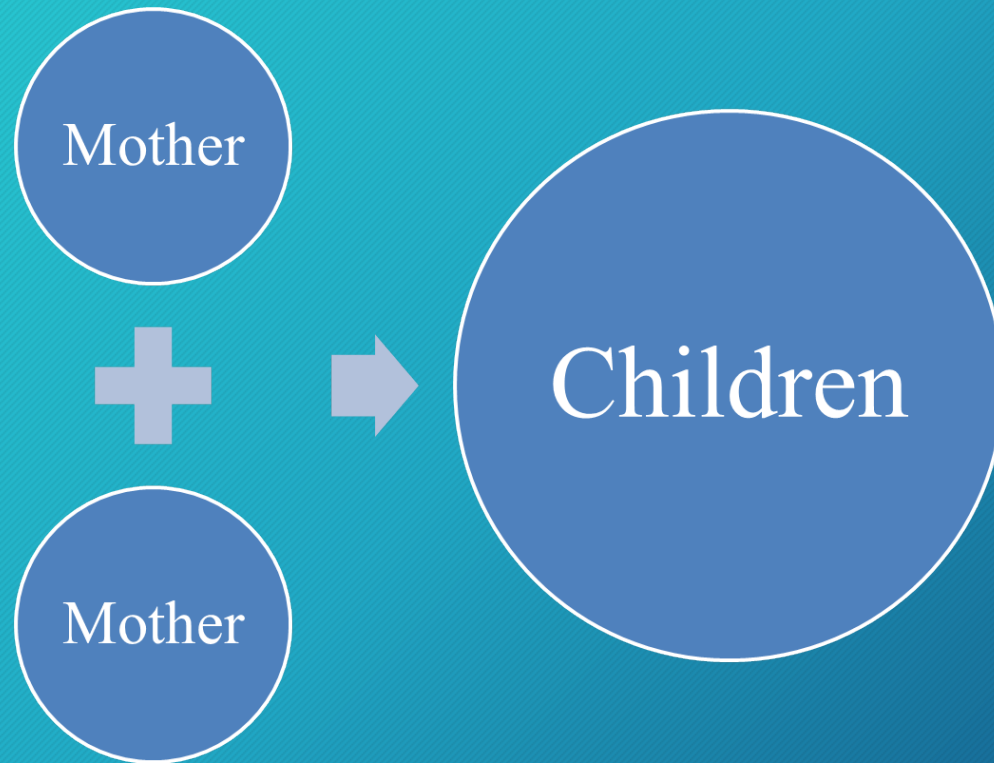


**We need to expand
our definition of
family**

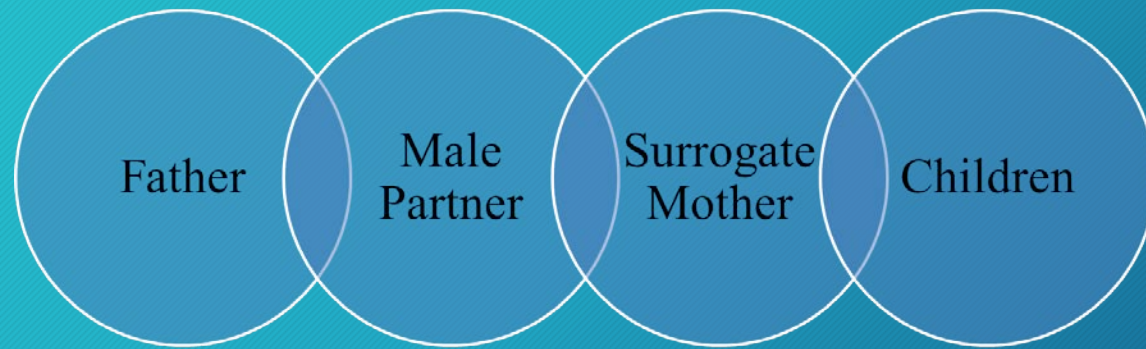
Nuclear Family



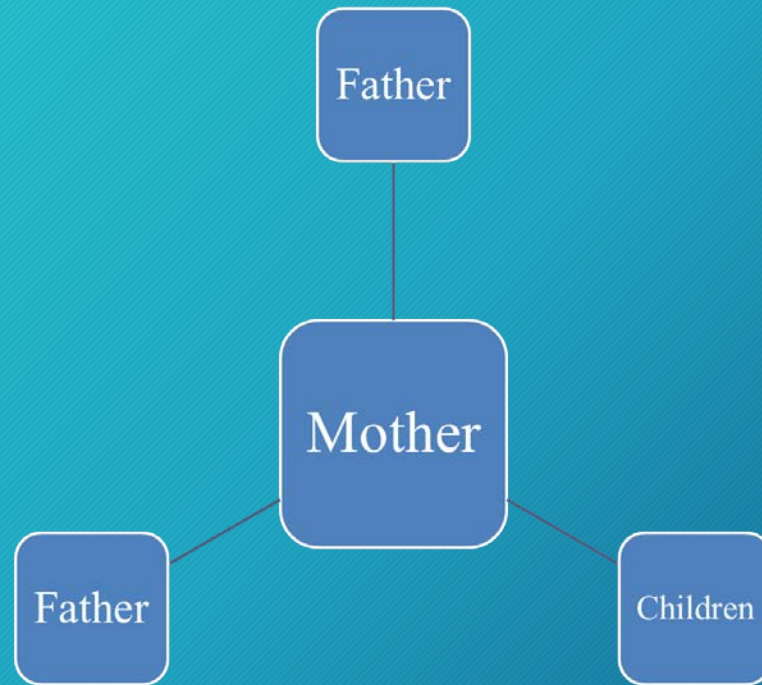
Two Mothers and Their Children



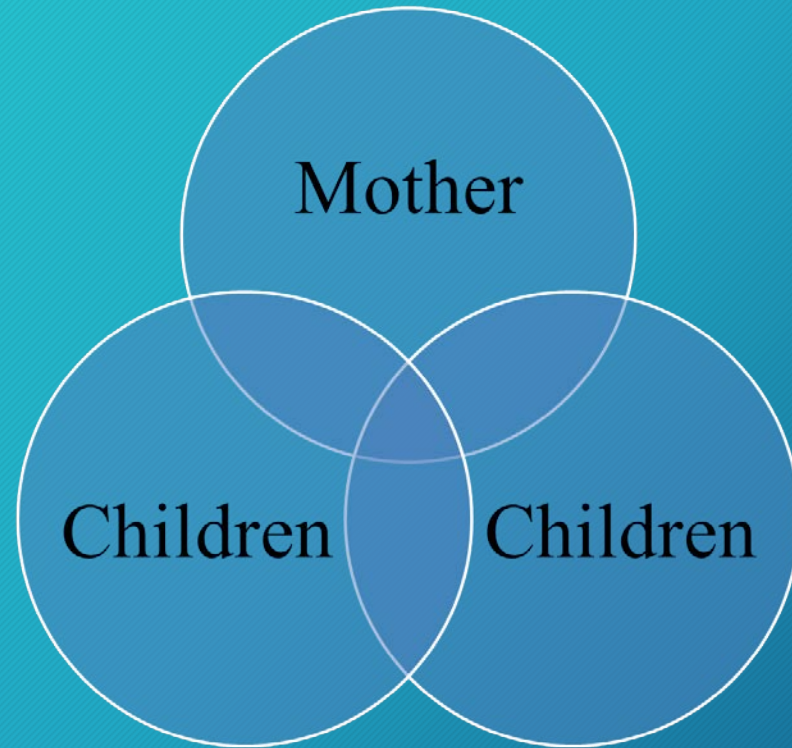
Two Fathers, Surrogate and their Children



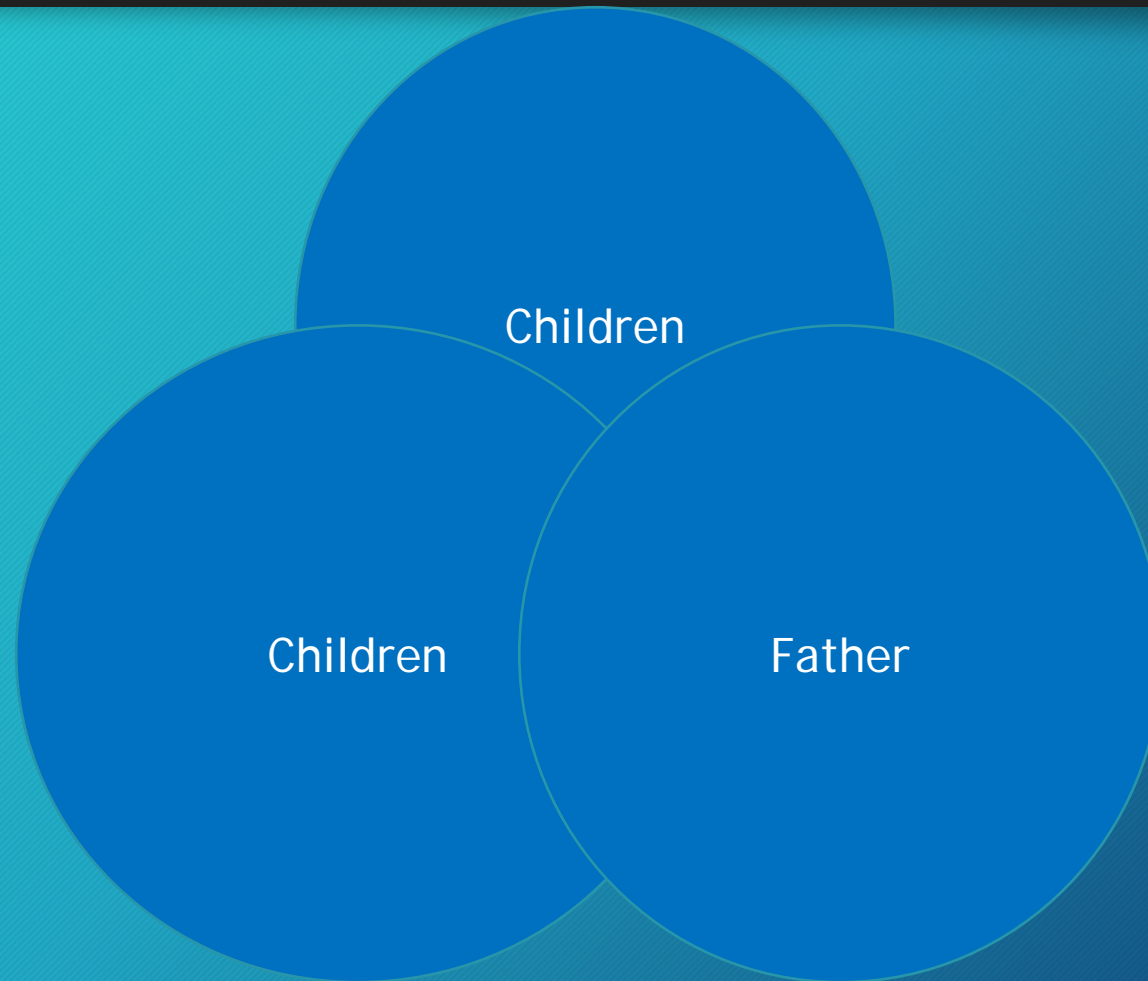
The Polyamorous Family - More Common than you Think!



Single Mother and her Children



Single Father and his Children



Diverse Families Often Face Discrimination while Pregnant

"My doctor asked me if I wanted to be pregnant. I guess he wanted to know if my pregnancy was planned. Did he ask me that because I'm single?
I felt uncomfortable."

"I wish people would stop saying 'husband'. We are a same sex couple and I prefer 'partner'. My 'husband' is a woman."

"My doctor seemed more interested in my hijab than answering questions about my pregnancy. She was nice but seemed to not really be paying attention to me."

"I'm an older mother. I am tired of the questions and jokes about how old I will be when our baby is ten. They don't know we have tried for many years. We are broke from all the fertility treatments, but happy to finally be pregnant."

"My husband is 12 years older than me. I wish people would stop assuming he is my father."

Diverse Families Often Face Discrimination When Breastfeeding

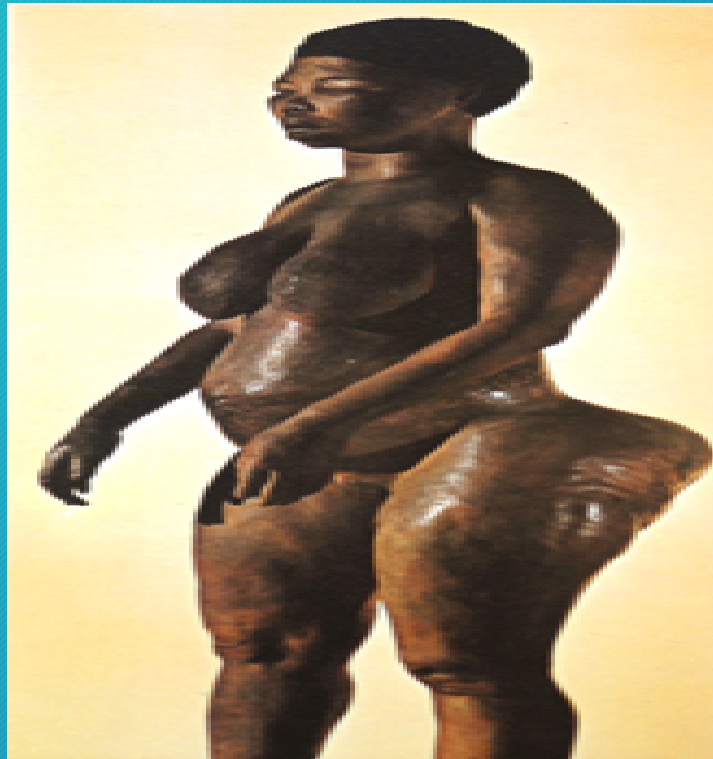
- “ I think my doctors assumed I was going to bottle feed because I was black. My white friends were encouraged to breastfeed, they never mentioned it to me.”
- “Both my wife and I wanted to breastfeed our baby. When I asked about induced lactation, the breastfeeding counselor gave me that look” .
- “ I learned I was receiving outdated info on breastfeeding. My doctor assumed I was too dumb to know better. I’m Latina and single.”

What is a Stereotype?

- A Stereotype is a conventional, formulaic, and oversimplified conception, opinion or image
 - *via Free Dictionary*
- A Stereotype is an erroneous, relatively fixed, simplistic and mostly negative generalization based commonly on bigotry, ignorance and prejudice held to be true about certain individuals or groups
 - *via Business Dictionary*

- **Where do stereotypes come from?**
 - **How do they influence**
- **How we provide education regarding breastfeeding?**

Sarkay, Black Female Sexuality and Breastfeeding



Important Questions

If breastfeeding is viewed as a public health issue,

Why are certain groups of women not receiving this valuable information?

Why do some women breastfeed at much lower rates?

Does unconscious implicit bias amongst health providers contribute to health disparities?



Bias

Definition of Bias

According to Blair, Steiner, And Havranek's paper in the Permanente Journal (2011), *Bias is the “negative evaluation of one group and its members relative to another”. Explicit bias involves a person being aware of his/her evaluation of a group and believes their evaluation is in fact correct and they have the time and motivation to act on it.*

Explicit bias is not as acceptable today; however, implicit bias is. Implicit bias tends to be common and persistent. It is acted upon quickly and might involve a reaction to a person's skin color, [sexual orientation, different abilities] or accent.

- Blair, Steiner and Havranek (2011), state “The presence of implicit bias among clinicians further suggests that it could play a role in health care disparities just as it plays a role in differential outcomes elsewhere in society

**How does implicit bias
influence how we teach and
serve women
and their families in our
community?**

Are There Certain Groups you are Uncomfortable with ?



Muslim Women



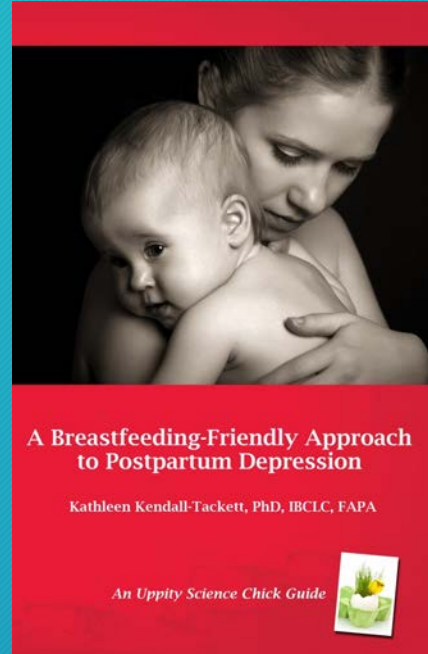


Example of Bias

- A hospital wants to increase the rates of WOC attending their prenatal and breastfeeding classes. They make glossy flyers and distribute them in the hospital clinic. All of the images are of white women taking classes and breastfeeding. A small group of WOC attend the classes but are disappointed with the curriculum and the atmosphere. Word gets out, the women tell their friends not to attend those boring classes.

- As a result, instructors report WOC are not attending classes even though they are available. Over time, general consensus occurs amongst instructors that WOC do not care about childbirth education or breastfeeding. These assumptions contribute to how WOC are treated when inpatient and how classes continue to be designed. Never taking into consideration the problem was the presentation and the delivery- not the women.

Breastfeeding and Depression



Postpartum Depression

- <https://www.youtube.com/watch?v=V64PqXKs02g>

Symptoms of Depression

- 1. Changes in sleep- this can include insomnia or sleeping too much
- 2. Changes in appetite- this can contribute to serious weight loss or gain. (overeating and episodes of food refusal)
- 3. Lack of concentration - inability to focus
- 4. Loss of energy- fatigue
- 5. Lack of interest in usual activities
- 6. Low self - esteem- focus on failures and losses
- 7. Hopelessness- negative and suicidal thoughts
- 8. Changes in movement- pacing, appearing physically depleted
- 9. Physical aches and pains - often this is the focus instead of the feelings of sadness
- NAMI- 2017

Postrumatic Slave Syndrome

- <https://www.youtube.com/watch?v=zHu6rKX4gRc>

DR. JOY DEGRUY
BE THE HEALING

POST TRAUMATIC SLAVE SYNDROME

America's Legacy Of
Enduring Injury and Healing

by
Joy DeGruy, Ph.D.

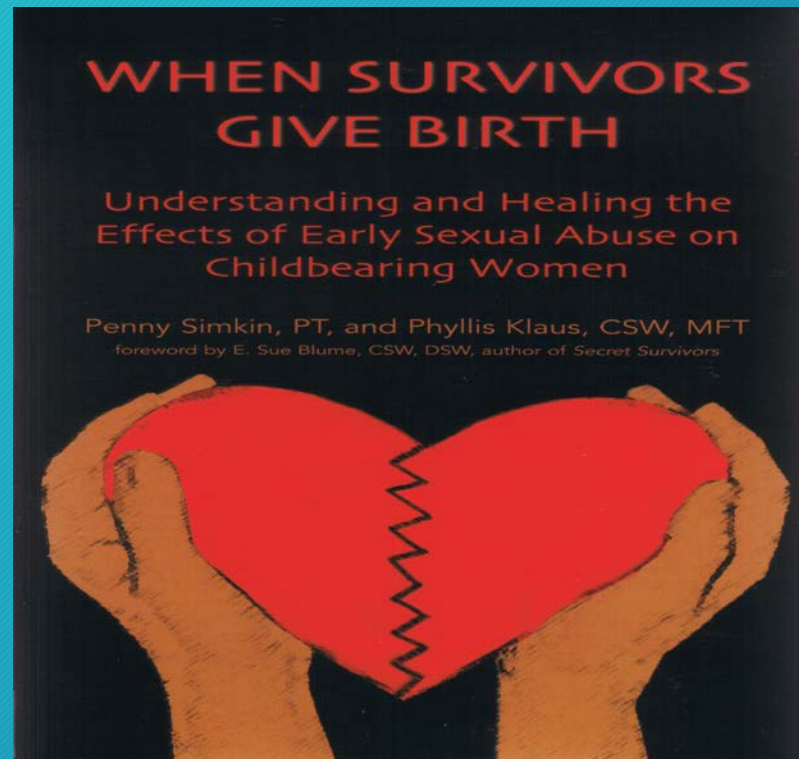
Foreword by Russell Robinson

Attachment and Bonding

- “ My husband and I were not doing well. I became pregnant with our third baby after months of us arguing about money. We were both working but and I wanted to wait until I found a better job before we had another baby. I felt disappointed in myself for getting pregnant. My pregnancy was uneventful and my delivery was long and hard. I resented my son from the beginning. My body looked droopy and my skin was loose. I wanted my body back. I decided not to breastfeed so I could sleep at night. He’s older now but I still think we should have waited”
- “Michaela” 3rd time mother

- “ My birth was short but intense. My daughter was big and pushing took longer than with my first daughter. I developed preeclampsia and it was severe, my doctor said it was stroke level at one point in labor. I was afraid I was gonna die and leave my partner with two kids. The first few months I didn't really bond with my daughter Sara. I was afraid to love her just in case I didn't make it. My fiancé fed her bottles after I breastfed a few times a day. I couldn't even hold my two year old very much. I felt lost, sad and helpless. My doctor talked me into therapy. I reluctantly went but it sure was helpful. I started on blood pressure medicine and felt better. Therapy was a good decision and I slowly began to feel free to love my girls again”
- -“Denise” 2nd time mother

Sexual Abuse and Breastfeeding



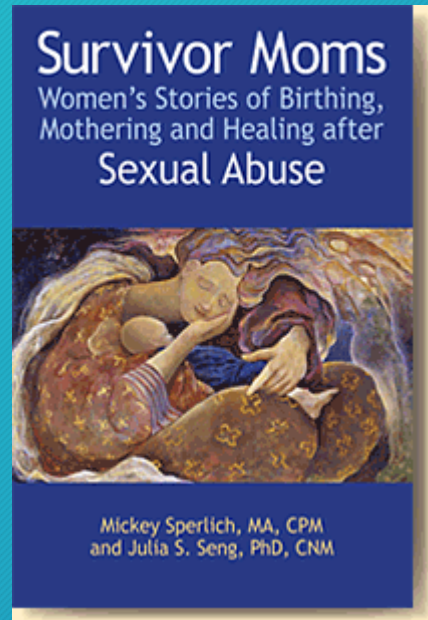
The Pain of Sexual Abuse

- 1 out of every 6 women is a victim of sexual assault in her lifetime- RAINN 2016
- Many of these survivors become mothers and have to grapple with the memories of sexual abuse as they birth, deliver, breastfeed and parent their children.
- “ Childhood sexual abuse is a significant family health risk for women and their children due to the intergenerational aspect this trauma and the immediate and long term disruption it can cause in the mother child relationship”. Duncan 2008
- What if her abuser was male and she has male children/ how does that affect how she parents her male child?
- What if her abuser was female? How does that affect how she feels about herself? What about her ability to love and parent her female children?

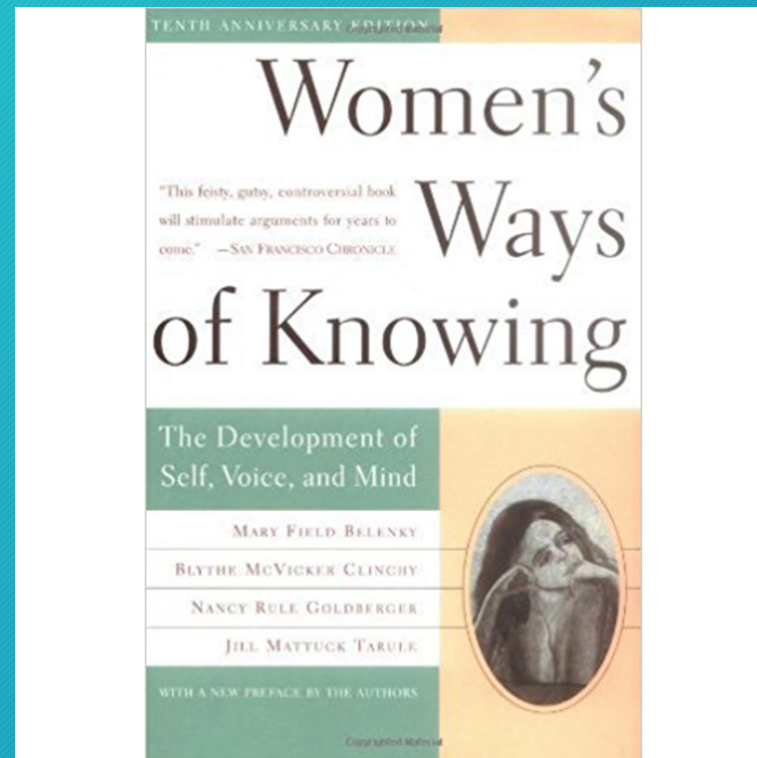
The Healing Power of Breastfeeding

- “ I was afraid to have a baby because I didn’t feel worthy. I thought my body was broken. I learned from therapy that this was a common feeling for Survivors. Yes, I am a survivor. I was raped and got pregnant with my brother’s baby when I was 12. I miscarried and bled out on the floor. I hated how he would make comments about my body and how I looked. I became obsessed with hiding my body, especially my breasts. I prepared in therapy to breastfeed because I knew it was healthier for my baby but I was afraid to have my baby do that. After I delivered him, I felt powerful. I gave birth, my body wasn’t broken. When he breastfed for the first time, it felt weird but I did it. I received such good support from my lactation consultant. My son grew and thrived because I was feeding him. My feelings about my body began to change.
- Breastfeeding was a healing and affirming experience for me. I received such good support and wanted to give back. It took me 17 years to finish my Bachelor’s degree after years of severe depression but I did it. I then went on to finish my Master’s Degree plus became a lactation consultant so I could help women experience the healing power of breastfeeding. I know there are lots of women who are like me and they need someone who understands them.

Healing is Possible



Understanding How Women Think



How Can We Make A Difference?

- One of the first things we can do is find out who the “cultural brokers” are. Who are the respected members in the community? These are the “go-to” people when changes need to be made
- Barbershops, Hair Salons, Hospitals, Churches, Mosques, Synagogues, Health Centers, Community Centers etc..
- Look into having a town meeting to assess the breastfeeding rates.
- Look at the breastfeeding circles that are already established, when none exist, consider creating them.

The Pittsburgh Black Breastfeeding Circle - 2014



Pittsburgh Black Breastfeeding Circle - 2016



Case Studies

1. You are having a Healthy Start Community Event- A young pregnant woman approaches the table and says she heard that breastfeeding will make you lose weight and she is interested in trying it out for that reason. How would you counsel her?
2. A couple says they read somewhere that breastfeeding hurts for like two weeks then your nipples get tough. They are unsure if that's true. How would you counsel them?
3. A woman who is new to the Healthy Start program says she doesn't want to breastfeed because she heard it will make her breasts sag. How would you "convince" her to consider breastfeeding ?

- 4. In a breastfeeding circle, a woman says her baby wants to eat all of the time and she thinks he is just greedy. Her baby is 2 weeks old and is gaining well. What information would you share with her?
- 5. In a Healthy Start Prenatal Breastfeeding Class a mother asks if its ok to drink alcohol and breastfeed. How would you answer her?
- 6. In a Healthy Start Prenatal Breastfeeding Class a mother asks if its ok to smoke cigarettes and breastfeed. How would you answer her?

- 7. A woman tells you in a CAN meeting that she wants to stop breastfeeding because she is going back to work in 3 weeks and her 5 week old baby won't take a bottle. How would you advise her ?
- 8. A father of a breastfeeding woman asks you privately if its ok to touch his partners breasts when they are being intimate. What would you say?
- 9. A woman tells you her father asked her to breastfeed in the bathroom at their last family dinner at a local restaurant. Her family has regular dinners out together and she doesn't want to nurse in the bathroom again. How would you help her.

- 10. A woman tells you her employer won't give her time to pump during work hours and tells her to go pump in the car during her lunch break. What would you share with her?
- 11. A mother tells you her 6 month old just cut his first tooth and is biting while nursing. She is considering discontinuing breastfeeding. How would you advise her?
- 12. A mother is back to work after 12 weeks. Her mother is watching the baby while she works and has been sneaking cereal in the baby's bottles of breast milk. She is very upset with mother but doesn't know how to approach her. What advice would you give her?

- 13. A mother discloses to you that she wants to breastfeed but she doesn't really like her breasts and things the baby may not like them either. How would you advise her?