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Racial disparities persist for breastfeeding moms. Here's why.

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Black women breastfeed their babies at lower rates than white women, according to a new government study. This decades-old disparity amounts to more than whether or not a woman chooses to breastfeed her child, experts said.

In a study released Thursday, researchers from the Centers for Disease Control and Prevention suggest the gap persists. Experts told the PBS NewsHour that race, along with employer and community support, make the difference.

Using data from the National Immunization Survey-Child, researchers looked at how many mothers who gave birth in 2015 introduced their babies to breastfeeding. Overall, 83 percent of U.S. mothers **breastfed their babies at birth**. But when researchers broke down that number by race, 85 percent of white mothers saying they breastfed, far more than the 69 percent of black mothers who said the same— a 16 percent disparity.

This gap has existed for as long as the government has collected data on breastfeeding rates. The gap only widens as a child grows older, said Kimberly Seals Allers, a maternal and infant health strategist who wrote “The Big Letdown.” In her book, Seals Allers explored how race, history, class and culture erode not only breastfeeding among black mothers, but also the rate of healthy births, and future health of the children.

“At the root of what’s happening to black women and their birth outcomes, as well as their disparities with breastfeeding, is an issue about racism and bias,” she said..

For years, the **American Academy of Pediatrics** has recommended that mothers exclusively breastfeed infants until at least six months, and then combine breastfeeding while introducing new foods until at least 12 months. Research suggests breastfed babies face a lower risk of developing ear, respiratory or digestive tract infections, asthma, **obesity** and diabetes. This latest study shows black women still remain less likely than white women to choose to breastfeed.

What does the study say?

Previous research shows hospital maternity wards that serve larger black populations are less likely to help black women initiate breastfeeding after giving birth or offer lactation support following delivery, according to the CDC study. Often, staff in these

facilities instead offer black babies formula.

Another serious barrier against breastfeeding for some black mothers is the need to return to work shortly after giving birth, according to previous studies the CDC cited. Black women are more likely than others to need to return to work earlier than 12 weeks, and tend to be confronted with “inflexible work hours” that make consistently nursing and expressing milk difficult, the study authors wrote.

“Policies that enable taking paid leave after giving birth, flexible work schedules, and support for breastfeeding or expressing milk at work might help improve breastfeeding intention, initiation, and duration,” the study said.

Why have breastfeeding disparities persisted for black mothers?

Boosting breastfeeding support is important for black women and their children because it can improve their own health outcomes and mortality, which lag behind other groups in the U.S., Seals Allers said.

Black women are **three to four times more likely to die** as a result of pregnancy, compared to white women. Their babies suffer an **infant mortality rate that more than doubles** that of white children, often due to low birthweight, premature birth or complications after birth. Black babies are more likely to be born prematurely than white babies. In 2017, 14 percent of black women gave birth prematurely, significantly more than 9 percent of white women, according to CDC data. That reflects the level of prenatal care black mothers receive, Seals Allers said.

Promoting better maternal care, including educating all mothers about the value and practice of breastfeeding, could help reverse some of these trends, Seals Allers said.

“Black women have babies born too small and too soon,” she said. “Those babies need breastmilk the most.”

Education about the importance of breastfeeding must include not only black mothers, but also their families and the communities where they live, Seals Allers said. That way, women who choose to breastfeed are better positioned to receive the support they need to sustain their decision to feed their infant however they think is best, she said.

“Unfortunately, many communities of color have ‘desert-like’ conditions when it comes to breastfeeding support and resources,” Seals Allers said.

Why it matters

The United States has reported one of the **lowest breastfeeding initiation rates** among industrialized nations and it's the only developed country without laws that mandate **paid parental leave**. In July 2018, the Trump administration drew criticism when they rejected a policy that supported breastfeeding at the World Health Organization, under pressure from the infant formula industry.

Globally, breastfeeding initiation rates have inched up from 38 percent to 41 percent in the last two decades, said Laurence Grummer-Strawn, a nutrition expert at the World Health Organization. Several conditions stifle faster growth in breastfeeding rates, he said. These include hospital staff who are not trained to support breastfeeding or troubleshoot problems if they arise, conflicts of interests between health care providers and the infant formula industry, and lack of paid leave for new mothers.

“Paid maternity leave is often too short to allow mothers to stay with their babies long enough to establish breastfeeding,” he said.

Has innovation helped improve breastfeeding rates?

In 2010, Congress passed the **Break Time for Nursing Mothers law** that mandated employers give new mothers reasonable break times to express breast milk for up to one year. The law also stipulated the employers must provide a private location that was not a bathroom.

Since then, many employers have provided lactation rooms to meet that federal law’s requirements, but more needs to be done, said Sascha Mayer, who co-founded Mamava. Mamava is a company with roughly 1,000 private breastfeeding and nursing stations that dot airports, stadiums, zoos and other public spaces across the U.S. This innovation came from Mayer’s own need when she traveled for work where “the only place to use a breast pump was really a toilet, which really was just gross.”

She and her business partner, Christine Dodson, designed the freestanding pods without plumbing so they can be moved easily where, and when, they are needed. But they soon recognized breastfeeding presented “a class problem to solve as well,” she said.

“We had autonomy in our jobs, support from our employer, but so many women really didn’t have that support from their employer, family or community,” Mayer said.

Further innovation can help narrow those gaps and empower women who want to breastfeed, Seals Allers said. During slavery, black women were forced to nurse white children instead of their own, Seals Allers said, and after the Civil War, that power dynamic continued with women of color working as wet nurses. Breastfeeding was not a choice but “something we were forced to do,” said Seals Allers, an African-American woman.

“That bond has never really been repaired,” she said.

Social media has played a role in promoting breastfeeding among women of color, she said, allowing women to post photos on Instagram and Facebook of themselves breastfeeding, removing stigma around the practice, and empowering women who choose to breastfeed if they wish to do so, Seals Allers said.

And more innovation is to come, according to Seals Allers. She is developing an app that she describes as “Yelp for health care professionals” where a user can enter their demographic information and “find a review from someone like you,” she said.

Called the Irth App (“Without the B for bias,” Seals Allers said), the app will seek to “influence bias around all health interactions,” she said.

Once it is launched, users will be able to see how other reviewers have rated health care professionals in their area. Did they make eye contact? Did they ignore a patient’s request for a test? Did they fail to offer lactation consultation and only offered formula?

This consumer-driven app would collect all of that information and let hospitals know if sensitivity and diversity training is trickling down to interactions between staff and patients, she said.

“It will help us decode bias,” Seals Aller said.

By – **Laura Santhanam**

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