

Introduction

The American Academy of Pediatrics (AAP) recommends infants receive only breastmilk for the first six months of life and then up to a year or more as desired by mom and baby. In the United States, only 69% of African American mothers ever start breastfeeding compared to 86% of white mothers. By six months of age, numbers are much lower. More than two times as many African American babies die each year as white babies due to shorter breastfeeding duration. If 90% of mothers in the US provided breastmilk exclusively during the first six months, over 900 infant lives would be saved. Disparities need to be resolved and mothers need to be educated, supported, and empowered.

Aims

- ❖ Review evidence systematically related to racial disparities in breastfeeding, and raising awareness, educating, and empowering nurses to help bring solutions to the problem.
- ❖ Develop PowerPoint presentation, *Racial Disparities in Breastfeeding Support*.
- ❖ Lead discussion to educate and encourage NICU nurses to better support African American families to provide breastmilk or breastfeed. A debriefing session occurred to allow for expression of thoughts, feelings, and concerns.
- ❖ Develop resource binders for NICU staff to use as references to ensure appropriate support is given to NICU families consistently.

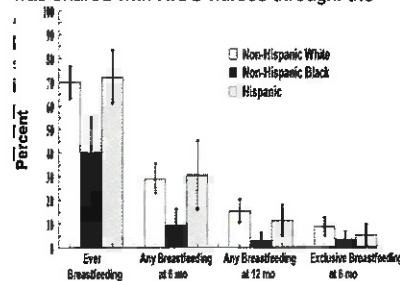
Objectives

After viewing, *Racial Disparities in Breastfeeding Support*, NICU nurses will be able to:

- ❖ Verbalize five struggles that African American mothers face when deciding to breastfeed.
- ❖ Verbalize five benefits that breastmilk brings to premature and full-term babies along with five benefits that mothers receive from breastfeeding and pumping milk.
- ❖ State five ways to appropriately support African American breastfeeding mothers.

Method

- ❖ A literature review was conducted to examine evidence that highlighted racial disparities in breastfeeding and interventions to address the problem.
- ❖ An electronic search was performed in the databases Cumulative Index to Nursing and Allied Health Literature (CINAHL) using the search terms of racial disparity breastfeeding and breastfeeding interventions. The search yielded 43 relevant and evidence-based studies. Twelve articles were utilized. [The evidence-based articles were the foundation of this research \(Sawaya, 2017\)](#). The studies and data were consistent throughout and highlighted the alarming disparities that exist for African American women surrounding breastfeeding. Data was examined from the Center of Disease Control (CDC), American Academy of Pediatrics (AAP), and the Ohio Department of Health (ODH), among many others.
- ❖ A Certified Lactation Counselor (CLC) training program was completed online (52 hours) that provided knowledge and great insight into appropriate strategies to reduce disparities and support breastfeeding families.
- ❖ Knowledge gained through a thorough literature review and the certification process was shared with NICU nurses through: the



Results

Reasons for disparities:

- ❖ Lack of knowledge
 - ❖ Barren community resources and support
 - ❖ Lack of encouragement and assistance from healthcare providers
 - ❖ Availability and offering of formula by WIC and hospital staff
 - ❖ Historical barriers that have made breastfeeding unappealing for African American mothers
- Evidence shows there is a clear difference in quality of care among different ethnic groups.

In order to provide quality care to all, the following need to occur:

- ❖ Better support and education
- ❖ Listening to the mother and family is very important to understand each individual situation and counsel appropriately (Beauregard, et. al, 2019).
- ❖ "It takes a village" to properly support a mother with breastfeeding. Families, including grandmothers and fathers need extensive education in order to provide support for the mother and baby.
- ❖ Provide resources and follow up with mothers and families
- ❖ Never judge, only suggest and encourage
- ❖ Encourage skin-to-skin (kangaroo care) often to provide comfort and health to baby and mother while improving milk production
- ❖ Provide culturally competent and respectful care
- ❖ Encourage skin-to-skin and first breastfeeding session within one hour of birth for term infant, and mother to pump by either hand expression or electric pump within one hour of birth if baby is transferred to the NICU for prematurity or acute care. Baby needs the breastmilk for its healing benefits.



Results (Continued)

Benefits of breastmilk for baby:

- ❖ Contains antibodies that boost immunity
- ❖ Reduced ear infections
- ❖ Fewer respiratory illnesses
- ❖ Fewer intestinal infections
- ❖ Protects against allergies
- ❖ Improves brain function

Benefits of breastfeeding and pumping for mother:

- ❖ Reduced risk of uterine and breast cancer
- ❖ Reduced risk of heart disease
- ❖ Lower risk of diabetes

Conclusion

The time is now to reduce racial disparities in breastfeeding support. With targeted education, awareness, and resources, NICU nurses and other health care professionals can band together and make a difference to support, protect, and promote successful breastfeeding for all mothers and families. NICU nurses are in a key position to promote wellness within under-served communities and normalize breastfeeding to improve the health of this vulnerable population.

Acknowledgements

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Racial Disparities in Breastfeeding

Background

- There were almost 400,000 preterm infants born prematurely in 2018.
- Disparities exist in rates of preterm births based on race and ethnicity.
- Black infants are overly represented in these statistics (14.1% for Black infants vs. 9.1% for White infants).

Disparities in health care

- Related to social, economic and/or environmental disadvantages.
- Exist across multiple dimensions including race ethnicity socioeconomic status aged geographic location gender disability status citizen status and sexual orientation.
- African American mothers are impacted by complex factors about feeding and parenting practices. These dynamics include slavery, wet nursing and other negative historical reproductive health experiences. among Black women in the United States.

Abundant evidence

- Breastfeeding provides numerous nutritional, physiological & developmental benefits for mothers & infants.
- Positive relationship exists between a mother's own milk (MOM) feeding when her infant is hospitalized in the neonatal intensive care unit (NICU) and decreasing complications of prematurity.

Racial Disparities in Breastfeeding

Barriers

- Black Women:
- Have higher rates of poor perinatal health outcomes
- Suffer from more chronic illnesses, more stress, depression or PTSD (known risk factors for breastfeeding success)
- Lack of role models and resources
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- Lack social supports for breastfeeding and no flexibility in the work place
- Experience all other common barriers to successful breastfeeding

Supportive Practices

- Assist with early milk expression and skin-to-skin care, provide early professional lactation support, and explore mothers' feeding goals are important
- Acknowledge importance of NICU breastfeeding support practices that are sensitive to cultural and racial norms
- Promote family engagement
- Utilize breastfeeding peer counselors