Healthy Start Grantee Perspectives
Protecting, Promoting, and Supporting Breastfeeding

14 interviews between March 15 and April 5, 2019

Lactation Counselors on staff or affiliated with 12 Healthy Start programs

How to Increase Breastfeeding Initiation and Duration:
Key Themes from the Interviews

- Increase Healthy Start participants’ knowledge about breastfeeding.
- Support and encourage breastfeeding women and families.
- Normalize breastfeeding so it is seen in the community.
- Educate the community so policymakers, doctors, nurses, school administrators, employers, childcare providers, grandparents, and partners understand the importance and benefits of breastfeeding.

Social Determinants of Breastfeeding
The conditions in which we live, learn, work, and play are significant to our well being. These interpersonal and environmental factors, known as the social determinants of health, affect our behavior and health outcomes, including breastfeeding. This practice brief describes what Healthy Start lactation counselors have seen in the field as factors that make it harder to breastfeed (barriers) and factors that support breastfeeding (facilitators). These factors—the social determinants of breastfeeding—are summarized at all four levels of the Social Ecological Model (SEM): individual, interpersonal, community, and societal.
Social Determinants of Breastfeeding

The SEM is a framework for understanding the effects of social determinants on health and health behaviors, in this case breastfeeding. These determinants can negatively or positively influence breastfeeding. In depicting the SEM levels of influence on breastfeeding, we highlight the importance of broadening our focus on social determinants beyond the individual level. Health care and community programs must work together to protect, promote, and support breastfeeding through creative and comprehensive solutions that address social determinants at the interpersonal, community, and societal levels.

\[\text{SOCIETAL} \]

The societal level refers to the policies and systems, including those that have been influenced by historical contexts, that affect a person’s likelihood to breastfeed—both to start breastfeeding when the baby is born (initiation) and continue breastfeeding for at least six months (duration). Structural or “upstream” society-level changes like paid parental leave, licensing lactation consultants so they are covered by insurance, and enforcing current lactation protection laws (i.e., break time at work for pumping) would allow breastfeeding to be the accepted, easy option.

**Barriers to Breastfeeding Initiation and Duration**

- No paid parental leave; having to return immediately to work or school
- Breastfeeding isn’t widely seen in public
- Images of women breastfeeding are not reflective of diverse families
- Lack of culturally appropriate educational materials available in multiple languages
- Breasts are sexualized
- Misinformation on the internet
- WIC/SNAP making access to formula easy and inexpensive

**Facilitators to Breastfeeding Initiation and Duration**

- Witnessing people “who look like me” breastfeeding in public
- Promotion of breastfeeding through mass media and social media
- Passage and upholding of laws that protect breastfeeding
- Baby Friendly Hospitals Initiative

I would say 80% [have never seen] someone breastfeeding. I don’t know if it’s a cultural thing ... or ... because we are in a rural area and it was a predominantly historically slave area and they look at it like you’re poor or it’s a downgrade for you to have to breastfeed. The grandma and the aunts are like, ‘Why would you do that? You’ve got money to buy milk.’

Social media [could help raise breastfeeding rates]. The moms have to be able to see it in order to realize that it is something that’s normal. We have to normalize it. If we don’t normalize it, they’ll never think that it’s okay for them to do and it’s something that should be done. You know, there was a time before formula. It wasn’t that long ago.
COMMUNITY

The community level refers to the community factors that affect a person’s likelihood to breastfeed. These include the availability, quality, influence, support, and/or participation of institutions and resources within a person’s neighborhood or local area. Breastfeeding support groups, such as baby cafés, allow pregnant and nursing women to view and ask questions of their breastfeeding peers. Better coordination of health care and sharing of best practices could raise breastfeeding rates. Providing public transportation would allow parents to seek breastfeeding help. Teaching about human lactation in school would increase knowledge.

Barriers to Breastfeeding Initiation and Duration

- Inconsistent messaging from health care providers
- Unsupportive employers, school personnel, and childcare workers
- Lack of public transportation
- Low number of breastfeeding helpers; Medicaid doesn’t cover IBCLCs

Facilitators to Breastfeeding Initiation and Duration

- Early and continuous support from Certified Lactation Counselors
- Home visits and pump delivery and set-up
- Peer support/support groups with other breastfeeding mothers
- Doula support during pregnancy and postpartum
- Kind, patient, non-judgmental breastfeeding support

INTERPERSONAL

The community level refers to the community factors that affect a person’s likelihood to breastfeed. These include the availability, quality, influence, support, and/or participation of institutions and resources within a person’s neighborhood or local area. Breastfeeding support groups, such as baby cafés, allow pregnant and nursing women to view and ask questions of their breastfeeding peers. Better coordination of health care and sharing of best practices could raise breastfeeding rates. Providing public transportation would allow parents to seek breastfeeding help. Teaching about human lactation in school would increase knowledge.

Barriers to Breastfeeding Initiation and Duration

- Lack of encouragement from loved ones
- No help around the house
- Own mother didn’t breastfeed
- Multiple children to care for
- Chaotic or unstable home life

Facilitators to Breastfeeding Initiation and Duration

- Family support and encouragement (partners, grandmothers)
- Exposure to breastfeeding
- Supportive bosses, co-workers, childcare workers, and teachers
- Household help

“Our pediatricians sometimes give bad breastfeeding advice, and so we’re constantly in a struggle with the mom trying to figure out who she should believe about breastfeeding. If she should believe her pediatrician or if she should believe me who’s not a medical professional and she only sees once a month.”

“We refer to ourselves as stalkers and we’re fine with that title. We’re cheerleaders. We’re constantly calling up our participants that just delivered, constantly inviting them to come to the support group, constantly checking in to see how things are going. There’s just a lot of follow-up. I think that’s our biggest strength, the follow-up.”

“I think it’s the partner who feels like those breasts are for them, or it’s the grandparents who feel like, ‘I’m going to be keeping this baby while you return to work or school, so I don’t want this baby attached to you and I want it to be convenient, so I want you to formula-feed.’

“It’s educating everybody that supports the mom, through childcare, within the community, employers, so that they know what this is about and not create so many hoops for moms to jump through just to feed her baby.”
INDIVIDUAL

The individual level refers to a person’s knowledge, attitudes, beliefs and behaviors or conditions that may affect their likelihood to breastfeed. Age, education, income, history of trauma or substance use, all may influence personal health choices and behaviors, such as breastfeeding. Providing parents with anticipatory guidance and an individualized plan could help raise breastfeeding rates.

**Barriers to Breastfeeding Initiation and Duration**
- Difficulty juggling all of their responsibilities
- Perceived low milk supply; lack of confidence and trust in their bodies
- Pain with breastfeeding
- Health conditions such as substance use disorder or depression
- Lack of awareness of laws and policies that protect breastfeeding in public and pumping at school and at work

**Facilitators to Breastfeeding Initiation and Duration**
- Knowing that breastfeeding is good for the baby and the mother
- Self image/"mind-set" as a breastfeeding mother--being determined and confident to breastfeed
- Having breastfed other children
- Understanding the laws and policies that protect breastfeeding in public and pumping at school and work
- Having been given anticipatory guidance on the realities and demands of parenting an infant
- Having been provided with an individualized plan so that breastfeeding works within the confines of the parent’s unique life

“\[I don’t know anyone who likes pumping ... and it’s a time commitment and you have to be able to ... understand your rights as a breastfeeding person and you have to be able to have that conversation with your employer, and some people don’t feel like they have the power to do that, especially if they work in fast food or in a high energy place where they don’t get a lot of breaks.\]"

“\[When they realize they don’t have to take as many days off of work because the baby is not getting as sick as other children, or, they realize that there’s an emotional connection, then that encourages them to prolong the breastfeeding experience.\]”