Racism & Breastfeeding – How you can join the resistance

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Presentation to Nebraska Breastfeeding Coalition



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WASHINGTON, DC

Disclosures

- Dr. Villalobos' opinions are her own and do not represent the official positions of the National Cancer Institute, National Institutes of Health, U.S. Department of Health and Human Services, or the federal government.
- We have no financial relationships to disclose.





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Outline

- Community-Academic partnership
- Racism and resistance research study findings
- D.C. Breastfeeding Coalition initiatives
- Questions & Discussion

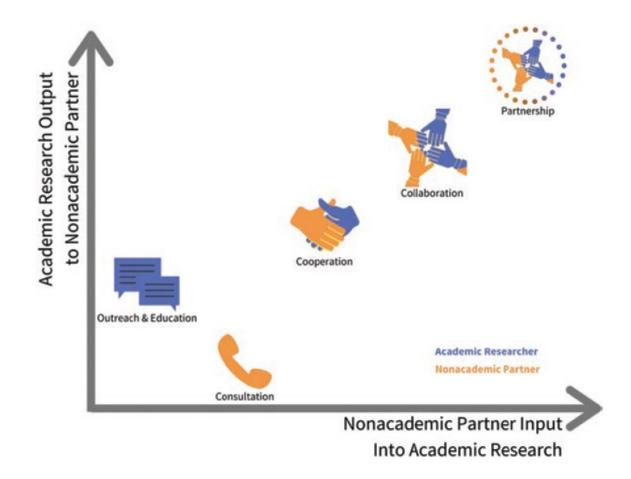




Building a communityacademic partnership



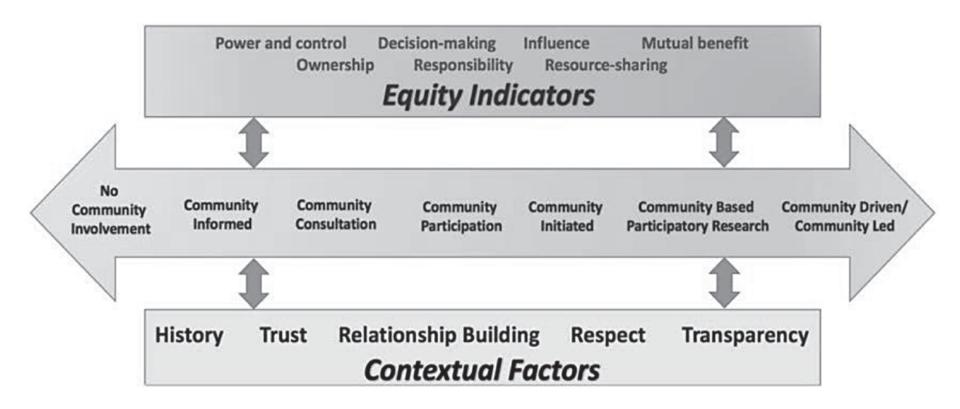




Source: Sanders Thompson, V. L., Ackermann, N., Bauer, K. L., Bowen, D. J., & Goodman, M. S. (2021). Strategies of community engagement in research: definitions and classifications. *Translational behavioral medicine*, *11*(2), 441–451. https://doi.org/10.1093/tbm/ibaa042

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Source: Key, K. D., Furr-Holden, D., Lewis, E. Y., Cunningham, R., Zimmerman, M. A., Johnson-Lawrence, V., & Selig, S. (2019). The Continuum of Community Engagement in Research: A Roadmap for Understanding and Assessing Progress. *Progress in community health partnerships : research, education, and action, 13*(4), 427–434. https://doi.org/10.1353/cpr.2019.0064





Mutual Benefits

What I needed from community coalition

- Expertise
- Data
- Community access

What I offer that meets coalition needs

- Board and committee service
- Expertise
- Data
- Student access
- Professional opportunities for coalition president





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Racism and Resistance: A Qualitative Study of Bias As a Barrier to Breastfeeding

Catasha Davis,^{1,*} Aubrey Van Kirk Villalobos,^{1,2,*} Monique Mitchell Turner,³ Sahira Long,⁴ and Maria Knight Lapinski⁵





Lactation reduces breast, ovarian and uterine cancer risk, but rates are low

| | NH Black Mothers | NH White Mothers |
|-----------------------------------------|------------------|------------------|
| Ever breastfed | 66% | 96% |
| Exclusively breastfeed through 6 months | 15% | 28% |
| Breastfeeding at 12 months | 16% | 48% |

NH = Non-Hispanic

Source: CDC NIS 2014-2015, among infants born 2010-2013 (most recent stratified analysis by geography and race/ethnicity) (Anstey, Chen, Elam-Evans, & Perrine, 2017).





Multi-Level Influences on

Breastfeeding

Decision Making



Impacts all levels

 (Slavery; Racism/discrimination/prejudice; Biased health care treatment; Media depictions of bottle-feeding and breasts)

Policy/System

(Formula marketing; Hospital policies; Access to Baby Friendly Hospital; Federal policies—WIC, ACA, FMLA)

Community/ Environmental

(Workplace support; Return to work timing; Childcare provider support; Access to culturally-tailored BF information and supports; Public discourse; Neighborhood safety)

Interpersonal

(Social support from partner, family, friends, peer role models; Vicarious BF experience; History of violence; Support from healthcare providers)

Individual

- Biological (e.g., smoking status, BMI, parity, delivery mode, postpartum depression, low birthweight/NICU, physical difficulty, past BF experience)
- Demographic (e.g., age, race/ethnicity, education, marital status, WIC status)
- -Psychosocial (e.g., knowledge, attitudes, beliefs, selfefficacy, outcome expectations, intentions)

Adapted with permission from Johnson, A.; Kirk, R.; Rosenblum, K. L.; & Muzik, M. (2015). Enhancing Breastfeeding Rates Among African American Women: A Systematic Review of Current Psychosocial Interventions. Breastfeeding Medicine. 10(1):45-62. And Bentley, M. E.; Dee, D. L.; and Jensen, J. L. (2003). Breastfeeding among Low Income, African-American Women: Power, Beliefs and Decision Making. Journal of Nutrition. 133(1):305S-309S.

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Levels of Racism: A Theoretic Framework and a Gardener's Tale

Camara Phyllis Jones, MD, MPH, PhD

| Level | Definition | In practice |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Institutionalized racism | "differential access to the goods, services, and opportunities of society by race" | Enslavement, structural barriers, societal norms, unearned privilege |
| Personally-mediated racism | "prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race" | Intentional or unintentional (explicit or implicit) bias, acts of commission or omission, maintenance of structural barriers |
| Internalized racism | "acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth" | Reflects systems of privilege and societal values, erodes individual sense of value, undermines collective action |

Research Question

How does racism create barriers to breastfeeding for Black mothers?

We also examined the ways Black women resist racism during their quest to breastfeed.





Focus Group Methods

- Purposive convenience sampling (N=30)
- Five 90-min groups
 - Expert facilitator, semi-structured guide
- Dual coder approach iterative, pragmatic thematic analysis deductive & inductive (MaxQDA Plus 2018)





Focus Group Sample

Table 1. Demographic Characteristics of Focus Group Participants (N=30)

| Geographic residence | |
|----------------------------------------------------------------|---------------------------|
| East End of District of Columbia (Wards 7 and 8) | 18 |
| Educational achievement | |
| Some high school | 1 |
| High school diploma or equivalent | 6 |
| Vocational training, some college or associate's degree | 11 |
| Bachelor's degree | 4 |
| Master's degree | 6 2 |
| Doctoral degree | 2 |
| Financial status | |
| Do not meet basic expenses | 4 |
| Just meet basic expenses | 14 |
| Meet needs with little left over | 3 |
| Live comfortably | 9 |
| Ever received government assistance (food, housing, etc.), yes | 17 |
| Mother's age at most recent birth | Range: 18–48 |
| | Mean: 32 years |
| Ever breastfed, yes | 27 |
| Number of children | Range: 1–8 |
| Voungest shild's age | Median: 2 children |
| Youngest child's age Relationship status | Range: newborn to 3 years |
| Romantic relationship, yes | 26 |
| Living with romantic partner, yes | 19 |
| Married, yes | 9 |
| Sexual orientation | , |
| Heterosexual | 26 |
| | 20 |
| Religion | 1.5 |
| Christian | 15 |
| No religion | 11 |
| Other religious identity | 4 |
| One or both parents foreign born, yes | 4 |
| Parent received government support, yes | 20 |
| Mother was nursed as an infant, yes | 10 |

Results Summary

Racism

- Historic exploitation of Black women's labor
- Institutions pushing formula
- Lack of employer supports
- Healthcare providers pushing formula
- Shaming and stigma while breastfeeding in public

Resistance

- Economic empowerment and compensation for mothering
- Institutions protecting breastfeeding
- Rejecting health provider bias
- Building community





Institutionalized Racism

"Black women have always had to go out of the home and work. Black women during slavery were being milkmaids to white families, and they couldn't breastfeed their own babies. So, there's a whole hundred like several decades, **several centuries of history** in that we all are having to deal with, right?" "Forgive me, but the government pushes what they want on you...And the government is now starting to promote breastfeeding but before they wasn't they was promoting you getting that formula and things of that nature that was not healthy for your kids."

"Most of my network and when I think specifically family, friends who had kids at the time and like the work environments that they were in dictated, and **the demands of their job**, dictated more when they would stop rather than themselves like I'm done. It was more like I have to be done if I want to keep working."

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Resisting Institutionalized Racism

"I think that's okay to feel like **I'm okay at home**. My sister said to me the other day 'what are you doing?' And I'm like 'I'm feeding my son.' This is regardless of what it might look like, I was sitting on the couch chillin'...that's a job. I think it's when people don't recognize that this is an activity; this is something and it's nurturing someone else's life, like that's a big deal."

"That's the face of **economic privilege**, right, you have to go back to work and grind after a weekend or after two months or what's the scenario. Because I'm thinking of a handful of super-duper pro on top of their game breastfeeding Black women two parent households who are stay-athome moms and don't have anything to do with the pump but can breastfeed until these kids are twelve if they need to be. They don't have that pressure to, not to say they're not engaged in a whole range of things in the community, **but that's huge to have that protected time** and have it indefinitely protected."

Resisting Institutionalized Racism

"The first two were at [Hospital A] and the first one they took him out of the room to do whatever testing they needed to do by the time he came back they had gave him a bottle."

"The reason I asked about the hospital is because I had my baby at [Hospital B] and they have a specific policy there...where basically your baby never leaves your room unless they need to do a different procedure like if he needed a surgery or some minor operation that would be different. But for anything, for any check-ups, exams, they don't take him away unless they really have to."

"One, **WIC does offer instead** of when you do breastfeed instead of giving you formula they say, 'hey you're breastfeeding so what we're going to do is we're going to increase a few things on your WIC checks for yourself for the next six months 'cause we at least expect you to breastfeed for six months.' So, they help you by supplementing, instead of giving you formula they supplement and put more milk, more eggs, more cheese and a tuna or salmon, something canned, some type of canned meat in your house because you're breastfeeding and they figure you need more iron. So, it's like they help you in the long run and then it just seems so much easier because now in Ward 7 and 8 I've noticed they make it easier for you to go breastfeed..."

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Personally-Mediated Racism

"I was very offended and I'm at the hospital and she's like 'well breastfeeding doesn't work for everybody so let me give you this just in case.' But I was like irritated that, and it was like somebody could definitely use this stuff, but it's like if I'm telling you that I'm breastfeeding why wouldn't you send the lactation specialist in here for a good pep talk before I leave instead of giving me this bag of stuff that I have no intentions on using?"

"I am thinking generally in the U.S., I feel shamed when I breastfeed. I think it's generally disapproved. I think that no matter where I've gone, coverup, no cover-up people look at me like something's wrong when I'm breastfeeding."

Resisting Personally-Mediated Racism

"Education was always like a big thing, like knowing that [the newborn is] going to drop weight...And the lactation specialist came to our house the same day. And so, I was like if she wouldn't have come that same day, I probably wouldn't have been able to do it. The network and having access. And I had my daughter not in a hospital specifically because I was afraid of people pushing the formula on me."

"My daughter, when I had A— she was nine pounds and twelve ounces. Her one-week checkup she went down to like eight pounds four ounces. So, the first pediatrician was like 'oh she lost a lot of weight you need to put her on formula she's not feeding.' 'Absolutely not, it's only been a week. It's normal for them to drop weight, did you not know that?' 'Well a formula baby wouldn't drop weight.' 'A formula baby drop weight as well.' **New pediatrician please**."





Resisting Personally-Mediated Racism

"I would say on the flip side of that the Facebook groups that I was a part of there's a **Black Breastfeeding Facebook** group...I'm still on them now. And once I got up through my journey felt **more in a position to give advice**, so much room for people to share strategies..."

"After having my first child I definitely decided to get into the community of Black women period; Black women's health, Black moms...I have spun into a whole thing that I'm trying to do to set up just a place [on social media] where Black moms can basically like this have discussion and see me and what I'm doing and like all of you said you just don't know about certain things or you didn't know about water birth and breastfeeding and all that."

"And whenever I see women in public that are breastfeeding, I always give them props because I remember how hard it is to feel confident in that and so I'm always like "go sis, yes. You need help sis? You need anything?" I always ask anybody."

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Implications for Clinical Practice

- Examine & counter personal biases
- Diversify workforce
- Improve training for providers (students + CE)
- Advocate alongside and on behalf of Black women for:
 - Equitable access to economic empowerment (living wages, affordable housing, paid family leave, workplace protections for nursing mothers)
 - Access to Baby-Friendly® hospitals & birthing facilities
 - WIC enrollment
 - Access to culturally-sensitive lactation support





Taking Action: Coalition Initiatives



Community leadership





Lactation workforce diversification









Community Lactation Support

Mom's Got Milk Club

Monday - Friday 8:00 am - 4:30 pm



Student Training & Provider CE

COVID-19 AND EARLY POST-PARTUM BREASTFEEDING: EMERGING EVIDENCE AND RECOMMENDATIONS



Laurence Grummer-Strawn, PhD, MPA, MA



DUAL PANDEMICS: IMPACT OF SYSTEMIC RACISM AND COVID-19 ON BREASTFEEDING DISPARITIES

CLICK TO VIEW VII ORIGINALLY STREAMED ON AU



Ifeyinwa V. Asiodu, PhD, RN, IBCLC



Kimarie Bugg, DNP, RN, MPH, IBCLC



Chrisonne Henderson, CLC



Sahira Long, MD, IBCLC, FAAP, FABM

CLICK TO VIEW VIDEO ARCHIVE

ORIGINALLY STREAMED ON SEPTEMBER 18, 2020



Advocacy & Awareness

- USBC sign on letters
- Local D.C. Council testimony
- Lactation commission recommendations
- Technical assistance to local area birthing centers and hospitals to advance on 10 steps to BFHI
- Title V grant from D.C. Health supports peer lactation counselors stationed at WIC sites and birthing centers
- Advocate to local hospitals to submit mPINC data to CDC
- Educate public re: local and federal laws for employee supports
- Hosts BF-friendly workplace awards annually
- BF Resource Guide (English, Spanish, Amharic + app)
- Breastfeeding classes to expectant teen moms through public schools partnership
- Lactation certification preparation for deaf & Spanish-speaking counselors



VIRTUAL EVENT

DC Medicaid Reimbursement for Lactation Consultants

Target audience: Anyone interested in learning to bill Medicaid for lactation services







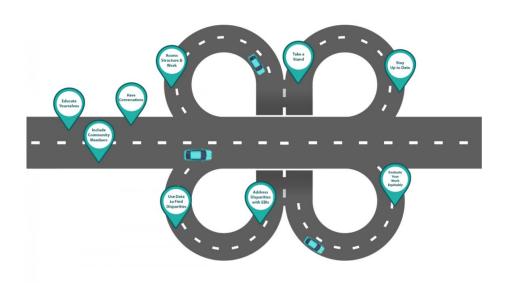


Chocolate Milk®: The Documentary

Exploring how factors of race and sex influence birth and breastfeeding outcomes for black mothers in America.



Resources



<u>www.cccnationalpartners.org/zoom-series-ccc-coalitions-advancing-health-equity</u>



equityinthecenter.org/aww/

THE GROUNDWATER APPROACH:

building a practical understanding of structural racism

www.racialequityinstit ute.com/groundwater approach

Thank you! Questions?

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