Sahira Long, MD, IBCLC, FAAP, FABM

DISTRICT OF COLUMBIA BREASTFEEDING COALITION: REDUCING HEALTH DISPARITIES
Disclosures

- In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

- I do not intend to discuss an unapproved/investigative use of a commercial produce/device in my presentation.
Additional Disclosures

• I was breastfed for 11 months...in the 1970’s
• I paid it forward with 2.5 years combined of breastfeeding
• This is my very first time in the great state of Alabama!

My personal bias: my children are the way they are because I breastfed them
Objectives

By the end of this presentation, the learner will be able to:

• Recognize that breastfeeding disparities exist in the U.S., Alabama, and the District of Columbia.
• State 2 barriers to breastfeeding.
• State at least 2 strategies to use in overcoming these barriers.
• Identify 2 programs that have successfully addressed breastfeeding disparities in DC.
Just the Facts, Ma’am...
Benefits of Breastfeeding

• Superior nutritional content for infant
• Immunological protection for infant
• Improved cognitive outcomes for infant
• Protection from CV disease, premenopausal breast cancer, osteoporosis, epithelial ovarian cancer for the mother
• Improved mother – infant bond
# Risks of Not Breastfeeding

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Excess Risk (%)</th>
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<tbody>
<tr>
<td>Hospitalization for lower resp tract infection 1st year</td>
<td>257</td>
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<tr>
<td>Necrotizing Enterocolitis (preterm infant)</td>
<td>138</td>
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<tr>
<td>Asthma, with family history</td>
<td>67</td>
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<tr>
<td>Type 2 Diabetes Mellitis</td>
<td>64</td>
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<tr>
<td>SIDS</td>
<td>56</td>
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<tr>
<td>Eczema</td>
<td>47</td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>32</td>
</tr>
<tr>
<td>Maternal Ovarian Cancer</td>
<td>27</td>
</tr>
<tr>
<td>Acute Lymphocytic Leukemia</td>
<td>23</td>
</tr>
<tr>
<td>Maternal Breast Cancer</td>
<td>4</td>
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</table>
Optimal Breastfeeding Impacts

- Economic gains of US$302 billion/year due to increased productivity from higher IQ
- Could result in the annual prevention of
  - 20,000 breast cancer deaths worldwide
  - 823,000 deaths of children <5 years

Source: Lancet Breastfeeding Series Group
What is Optimal Breastfeeding?

The World Health Organization’s infant feeding recommendation

As stated in the Global strategy on infant and young child feeding (pdf, 192kb) (WHAC6 AE6/16, paragraph 10):

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.

Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production.

AAP Reaffirms Breastfeeding Guidelines

Breastfeeding is a natural and beneficial source of nutrition and provides the healthiest start for an infant. In addition to the nutritional benefits, breastfeeding promotes a unique and emotional connection between mother and baby. In the policy statement, “Breastfeeding and the Use of Human Milk,” published in the March 2012 issue of Pediatrics (published online Feb. 27), the American Academy of Pediatrics (AAP) reaffirms its recommendation of exclusive breastfeeding for about the first six months of a baby’s life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.
Healthy People 2020 Goals: How are we doing?

Source: CDC National Immunization Survey, 2013 births
Healthy People 2020 Goals: How are we doing?

Source: CDC National Immunization Survey, 2013 births
US Breastfeeding Trends by Race, 2000-2008

Source: CDC MMWR Feb 8, 2013/62(05); 77-80
Current US Breastfeeding Rates (Race/Ethnicity)

Source: CDC National Immunization Survey, 2013 births
Likelihood to Breastfeed—United States

• More likely to Breastfeed:
  o White upper-middle income
  o Married/Live-in companions
  o Higher educational level
  o Not a WIC recipient
  o Not born or reared in the United States

• Least likely to Breastfeed:
  o Non-Hispanic Blacks
  o Socio-economically disadvantaged groups
What’s Acculturation Got to Do With It?

- N=8942 from PRAMS
- Self-reported Hispanic
- ? Response language

Acculturation =

- Initiation
- BF >10 weeks
- Exclusivity >10wks
Key Factors Influencing Feeding Decisions

- Personal Perception
- Exposure to Breastfeeding
- Breastfeeding Knowledge
- Complex Lifestyle Without Support
Whose Opinion Affects Personal Perception?

- Mom’s Doctor
- Significant Other
- Friends & Family

Mom’s perception
Addressing Breastfeeding Challenges
Barriers to Breastfeeding

- Inadequate Knowledge
- Social Norms
- Poor Family/Social Support
- Embarrassment
- Lactation Problems
- Employment & Childcare
- Healthcare Related
Addressing Inadequate Knowledge

• Prenatal education more helpful for primigravida
• Information given needs to cover BF technique AND build confidence
• Group discussions: myths, inhibitions, and practical demonstrations
• Talks about benefits: doubtful value
Prenatal Education

• Goal is
  – to increase mothers’ breastfeeding knowledge and skills, AND
  – to influence their attitudes toward breastfeeding
• Most effective single intervention for increasing breastfeeding initiation and short-term duration
• Ideally taught by someone with expertise or training in lactation management

Photo courtesy of Jackie Hicks of Fond Memories Photography
Addressing Embarrassment

Mom wrote:

I have breastfed three children... I have breastfed them in countless of places both pleasant and unpleasant, discreetly and out in the open. I have gotten many looks and stares, but tonight erases any negativity I have ever received. I ate at Fongs for the first time tonight. Having a fussy baby I nursed him for awhile in the booth and eventually left the table early as to not disrupt the restaurant. The waitress gave this receipt to my husband. I was speechless and emotional. Although I don't need a pat on the back for feeding my child, it sure felt amazing. It is amazing how we women can make each other feel when we empower each other.
Addressing Social Norms

• Targeted interventions to increase public acceptance of breastfeeding
  – programs to improve acceptance of breastfeeding in public places
  – placement of nursing mothers’ lounges in public areas
  – interventions targeting child care facilities with breastfed infants and children
  – inclusion of breastfeeding in K-12 curricula
  – legislation ensuring the right to breastfeed
Stolen Traditions & Heritage

- Multigenerational Trauma + continued oppression (PLUS)
- Absence of opportunity to heal/access benefits available in society (=)
- Post Traumatic Slave Syndrome
Features of PTSS

• Vacant Esteem
• Marked Propensity for Anger & Violence
• Racist Socialization/Internalized Racism
  – Antipathy/Aversion for the following:
    • Members of one’s own identified cultural/ethnic group
    • Mores/customs associated with one’s cultural/ethnic heritage
    • Physical characteristics of one’s cultural/ethnic group
Seventh Generation Principle

“You are the first generation acting, making choices and leaving your legacy for the seventh generation in front of you. You are also the seventh generation that benefits (and in some cases suffers) from the actions, sacrifices and generosity of the people that lived seven generations before you.”

— Native Insight blog
Call to Action to Support Breastfeeding

• Issued on January 20, 2011 by US Surgeon General Dr. Regina Benjamin
• 20 Action Steps that can be taken to support mothers who choose to breastfeed
• Key Message: Everyone can help make breastfeeding easier!

Photo courtesy of The American Academy of Pediatrics
Actions for Health Care

1. Ensure that *maternity care practices* are fully supportive of breastfeeding.
2. Develop ways to guarantee continuity of skilled breastfeeding support between hospitals and community health care settings.
3. Provide education and training in BF for all maternal and child HCPs.
4. Include basic BF support as standard of care for all maternal and child HCPs.
5. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.
6. Ensure access to IBCLC services.
Maternity Care Practices: Defined

• Practices related to immediate prenatal care, care during labor and birthing, and postpartum care
• Changes may be comprehensive (e.g., Baby Friendly Hospital Initiative) or incremental
Baby-Friendly Hospital Initiative

• Global program sponsored by the World Health Organization and the United Nations Children’s Fund
• Encourages and recognizes hospitals and birthing centers that provide optimal level of lactation care
• Promotes, protects and supports breastfeeding through the Ten Steps to Successful Breastfeeding for Hospitals
BFHI: Ten Steps

Care for mother during and immediately after delivery (Joint Statement, 1989, pages 17-19)

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in — allow mothers and infants to remain together — 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Early BF Initiation: Greater % AA: 46, Fewer % AA: 13.1
Limited BF Supp: Greater % AA: 25.8, Fewer % AA: 27.7
Rooming In: Greater % AA: 27.7, Fewer % AA: 39.4
Limited Pacifier Use: Greater % AA: 30.5, Fewer % AA: 37.9
Discharge Support: Greater % AA: 23.9, Fewer % AA: 29.9

Source: CDC MMWR Aug 22, 2014 / 63(33);725-728
Closing the Gap in Washington, DC
A Tale of Two (or Three) Cities

DC Breastfeeding Rates by Race, 2009-2011 births

Source: CDC National Immunization Survey
...in Alabama

AL Breastfeeding Rates by Race, 2009-2011 births

<table>
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<th></th>
<th>All AL</th>
<th>Whites</th>
<th>Blacks</th>
<th>Hispanics</th>
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<td>Ever BF</td>
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<td>62.3</td>
<td>67.1</td>
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<td>BF at 6m</td>
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<td>31.7</td>
<td>34.5</td>
<td>23.6</td>
</tr>
<tr>
<td>BF at 12m</td>
<td></td>
<td>13.1</td>
<td>15.6</td>
<td>5.5</td>
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</tbody>
</table>

Source: CDC National Immunization Survey
A Tale of Two (or Three) Cities

DC Breastfeeding Rates by Race, 2009-2011 births

- EBF 3m
  - All DC: 34.2
  - Whites: 51.2
  - Blacks: 23.7
  - Hispanics: 30.8

- EBF 6m
  - All DC: 15.6
  - Whites: 21.7
  - Blacks: 11.5
  - Hispanics: 14.2

- DOL 2 Supplement
  - All DC: 28.6
  - Whites: 20.3
  - Blacks: 26.1
  - Hispanics: 43.1

Source: CDC National Immunization Survey
DC Breastfeeding Coalition, Inc.

• **Contact Information:**
  PO Box 29214
  Washington, DC 20017
  phone/fax: 202-470-2732
  website: [www.dcbfc.org](http://www.dcbfc.org)
  email: info@dcbfc.org

• **Our Mission:** The DC Breastfeeding Coalition was established to increase the breastfeeding rates of all infants living in the District of Columbia. Working in partnership with maternal and child health professionals, community health organizations, and mother-to-mother support groups, the DC Breastfeeding Coalition seeks to promote, protect and support culturally-sensitive programs and activities that build awareness and understanding of the preventive health benefits of breastfeeding. Through its breastfeeding research, advocacy and educational activities, the Coalition seeks to reduce health disparities -- particularly among the most vulnerable infants and children living in our communities.
DCBFC Life Cycle

- DC Breastfeeding Task Force organized in 2003
- OWH Community Demonstration Project:
  - develop a DC Resource Guide
  - promote National Breastfeeding Awareness Campaign
- DC Breastfeeding Coalition incorporated as 501(c)(3) organization in 2004
- 25-30 paid members per year (1-3 corporate)
- Volunteer-driven; grant-paid program staff
Moving the Disparity Needle in DC
DC Breastfeeding-Friendly Hospital Initiative
DC Breastfeeding-Friendly Hospital Initiative (2008)

- Funded by Office on Women’s Health
- Developed by the DC Breastfeeding Coalition
- Evaluate practices and policies that most support breastfeeding
- Evaluate which facility has the best website for breastfeeding
- Survey tools used criteria from the Ten Steps to Successful Breastfeeding
DCBFHI Results

- All 8 birthing facilities in DC participated in baseline evaluation
- Educational interventions held at 6 of the 8 facilities
- Post-intervention evaluations performed of all facilities’ websites
- 2 facilities completed revision of breastfeeding policies in time for post-intervention evaluation
- Post-intervention practices evaluated in 5 of the 8 facilities
- Difference between baseline and post-intervention scores trended toward positive but not statistically significant
- Wide variation in breastfeeding support and initiation rates
Breastfeeding Initiation Rates by Facility

![Bar chart showing breastfeeding initiation rates across different facilities. Facility numbers 1 to 8 show varying initiation rates with peaks and troughs.](image-url)
Children’s National
East of the River Lactation Support Center
Why a Lactation Support Center?

• 80% of women in the US initiate breastfeeding.
• 2/3 of women in the US are unable to reach their breastfeeding goal.
The Perfect Storm

- Lack of Knowledge
- Limited BF Support
- Low Income
- African American

Children's National
East of the River Lactation Support Center

• Collaboration between Children’s National, DC Breastfeeding Coalition and DC WIC
• Start-up funding by USDA/WIC Grant in FY10-11; Current funding by W. K. Kellogg Foundation and DC Department of Health (local, NACCHO, ASTHO)
• Grand Opening: April 20, 2011; Re-opening in May 2013
• Service Locations:
  – Community-based Children’s Health Centers (pediatric medical homes)
  – Birthing Facilities on 4D Pathway
  – DC Public Schools (New Heights Program, 4 schools)
  – Early Head Start/Head Start (Educare DC)
  – Home visits (coming soon)
East of the River Lactation Support Center
East of the River
Lactation Support Center

Services offered
- Prenatal Breastfeeding Education Classes
- Community Lactation Support
- Mom’s Got Milk Club
- Back-to-Work Breastfeeding Consults

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

Call 202-476-6941 for more information
or email LactationSupport@cnmc.org
2101 MLK, Jr Ave, Washington, DC 20020
This institution is an equal opportunity provider.
Addressing Limited Breastfeeding Support

- Prenatal Breastfeeding Education/Consults
- Post-partum Breastfeeding Consults
- Moms Got Milk Club (families welcome!)
- Pacify App
- Breastfeeding Supplies
- WIC/Newborn appointment scheduling at hospital participating in our CBFDCI
- Referrals>Social Work>Children’s Law Center
Addressing Lack of Knowledge

Wait-a-Minute Sessions

Prenatal Breastfeeding Education

- 4 week class rotating sessions
- Reminder calls/emails offered to participants

Class Overview

- Getting Started
- Breastfeeding in the First Few Weeks
- Keeping Things Up When Life Returns
- Breastfeeding After 6 Months
Staffing Model

- 2 full time, 3 part time, lactation peer educators
- 1 part time IBCLC
- Breastfeeding Medicine Specialist
- 3 sites located in pediatric medical homes
Clients Served
(May 2013-June 2016)

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<tr>
<th></th>
<th>WIC FY13</th>
<th>WIC FY14</th>
<th>WIC FY15</th>
<th>WIC FY16</th>
<th>Non-WIC FY13</th>
<th>Non-WIC FY14</th>
<th>Non-WIC FY15</th>
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<tr>
<td>In Person</td>
<td>11</td>
<td>74</td>
<td>31</td>
<td>1</td>
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<td><strong>Postpartum</strong></td>
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**Breastfeeding Consults**

**Prenatal Classes**

![Graph showing participants and classes for different years]
Creating a Baby-Friendly District of Columbia
Background

- Sep 2005: Birth of Kijani Long
- 2008: DC Breastfeeding-Friendly Hospital Initiative
- Jan 2012: MedStar Georgetown University Hospital becomes first BFHI designated birthing facility in DC
- 2012: 2 DC birthing facilities accepted into Best Fed Beginnings (BFB) Collaborative
- Jun 2013: DCBFC awarded CDC-funded CTG through DC DOH and launched Creating a Baby-Friendly District of Columbia Initiative
- Oct 2014 & Dec 2015: DCBCF Awarded DC DOH funding to continue Initiative
Recently MedStar Georgetown University Hospital became the first maternity facility in the nation’s capital (in fact the entire Washington Metropolitan area) to achieve elite designation as a Baby Friendly Hospital. As president of the D.C. Breastfeeding Coalition, I applaud this achievement. I personally witnessed the tremendous work and dedication it took for all involved including the hospital’s executive leadership, the lactation services department and the entire maternal and child healthcare team to achieve this honor.

I’m conflicted, however, because I work on the other side of the city, in an area of the District that consists primarily of African American families that do not benefit from the services provided by MedStar Georgetown. Many of the mothers I counsel choose against breastfeeding, most refuse to even try. These mothers often express that they are comfortable giving formula because it has worked for so many of them and their friends. In fact, 2006 CDC data indicated that while 97 percent of non-Hispanic Whites in the District initiate breastfeeding, only about 55 percent of non-Hispanic Blacks do. My fear is that the disparity in breastfeeding rates will only increase unless facilities closer to where I work follow...
Program Design

• Competitive RFA posted on the DCBFC website with a 1-month deadline
• BFB application was modified to allow consistency with the selection criteria of the birthing facilities
• Collaborated with local organizations for staff training opportunities to maximize reach and minimize costs
• Three maternity facilities selected to participate!
• Each grantee received technical and financial assistance with navigating the 4-D Pathway
DCBFHI Breastfeeding Initiation Rates by Facility

![Bar graph showing breastfeeding initiation rates by facility number. Facility 6 has a lower rate compared to the others.]
Program Design

• Developed interactive web-based portal for data collection, information sharing
• 5 technical assistance webinars
• Quarterly 5-hour Skills Lab Training sessions
• Train-the-Trainer course on developing BFHI training program (Lactation Education Resources)
• Individualized onsite TA for each facility
• Data Collection: 8 indicators aligned with TJC and BFUSA requirements (real-time breastfeeding-related outcome measures)
Program Outcomes/Lessons Learned

- 2 facilities reached D4 by 9/30/15 (3rd suspended births due to staffing challenges)
- Additional local funding received to continue up to 5 additional years with goal of helping all DC maternity facilities achieve/maintain BFHI designation by 2020
- Data collection & Prenatal education are major challenges for facilities
- Each facility required individualized approach/assistance
- Financial incentive was insufficient to motivate change
Lactation Consultant Prep Course
Achieving Equity within IBCLC profession

- Jul 2014: Lactation Summit (Addressing Inequities within the Lactation Profession)
- Nov 2014: ROSE Master Training Course (taught by Linda Smith)
- Commitment: Train 20 aspiring minority IBCLCs over 2 years
• 2 classes held
  – 6 sessions each
  – 45 CERPs
• 17 minorities trained
• 2 new IBCLCs
• 4 applying for April 2017 exam
• Next class being planned for Aug 2017
Recap

• In order for DC to achieve HP2020 Goals, disparity gap between African Americans must be closed!
• Barriers to breastfeeding (especially among African American) women compounded and complex.
• Engagement of all those influential in mom’s life is required to successfully overcome barriers.
• Multiple strategies across continuum of breastfeeding “life cycle” may be required.
Acknowledgements

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  – Charnise Littles
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  – Feven Tesfaye
  – Alysia Montegut
  – Charnise Littles
Thank you! Questions?

Contact info: slong@dcbfc.org
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