

Systematic & Organizational Barriers to Breastfeeding

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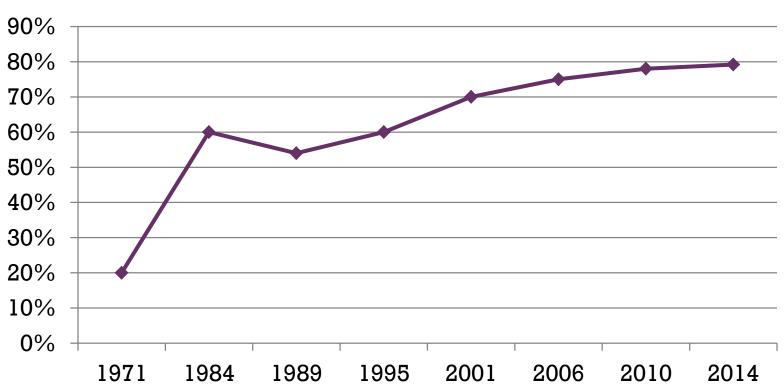
Reducing Racial and Ethnic Disparities in Breastfeeding, Oklahoma February 2015



Breastfeeding Trends

The only place to go from here is UP!

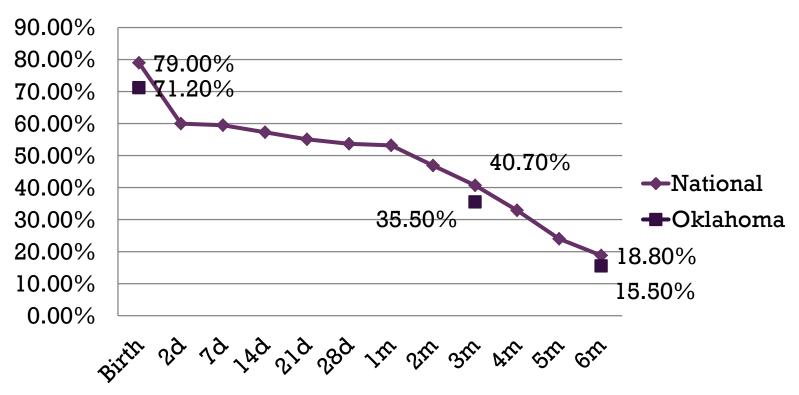




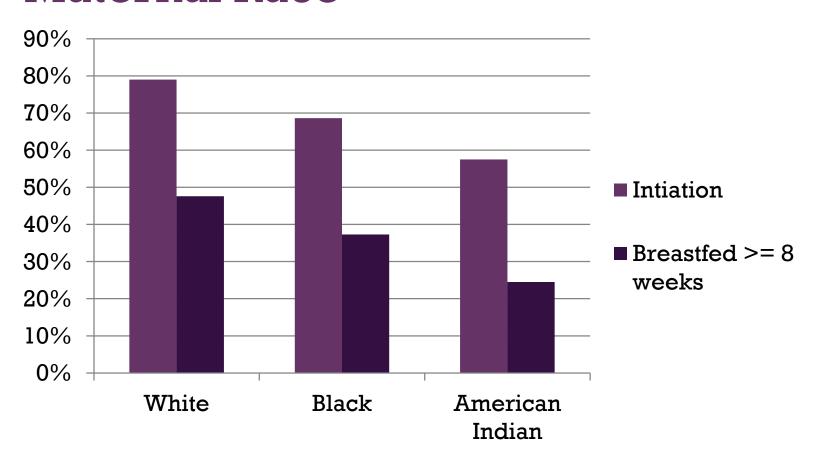


Exclusivity Rates





+ Breastfeeding Initiation and Duration of 8 weeks or More by Maternal Race



Oklahoma PRAMS 2009-2010



Leading Cause of Death among Native Americans

Infants

- Birth Defects
- 2. SIDS
- 3. Born too small
- 4. Born too early
- 5. Unintentional Injuries

Adults

- 1. Cancer
- 2. Heart Disease
- 3. Unintentional Injuries
- 4. Diabetes
- 5. Chronic Liver Disease
- 6. Chronic Lower Respiratory Disease
- 7. Stroke
- 8. Suicide
- 9. Nephritis
- 10. Influenza Pneumonia



Barriers to Breastfeeding

- Return to work/childcare
- Lack of education
- Poor family and social support
- Embarrassment
- Lactation problems
- Not seen as the "cultural norm"

Definitions

- Systemic: of or relating to a system, especially as opposed to a particular part
- Organizational: of or relating to an organization
- Barriers:
- A fence or other obstacle that prevents movement or access.
- 2. A circumstance or obstacle that prevents communication or that keeps people or things apart.
- Synonyms: obstacle ~ hurdle ~ hindrance ~ obstruction



Systems and Organizations

■Education

- New Parents
- Lactation Consultants

■Support Groups

- La Leche League
- Drop-in Groups

■WIC

- Lactation services
- Food packages
- Peer Counselors

■IBCLCs

- Diversity
- Access
- Clinical Skills



New Parents

- Limited offerings
- Can be costly
- Mother-Father oriented
- Primarily in English
- Time of day offered

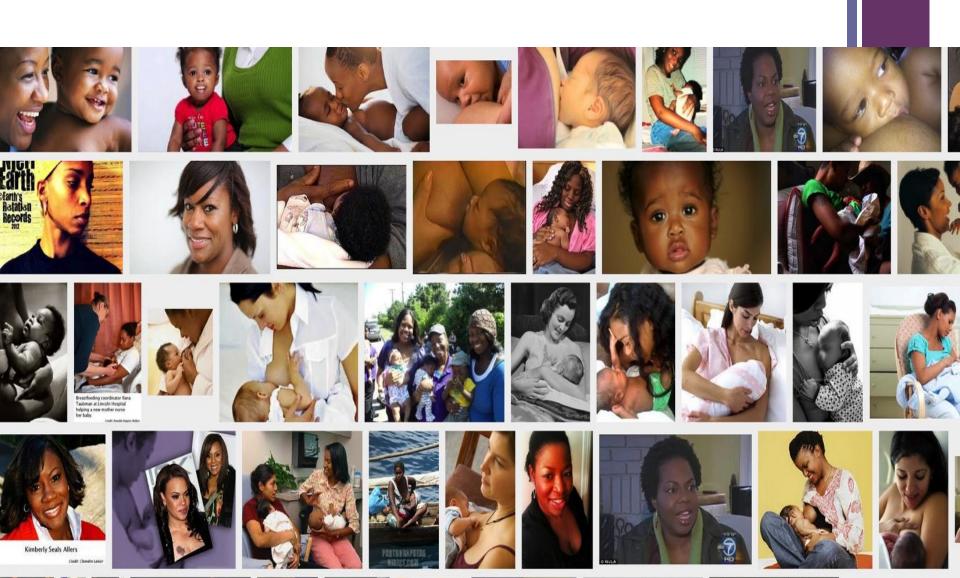
Lactation Consultants

- White Centered
- Expensive
- Distant
- Lack cultural competence

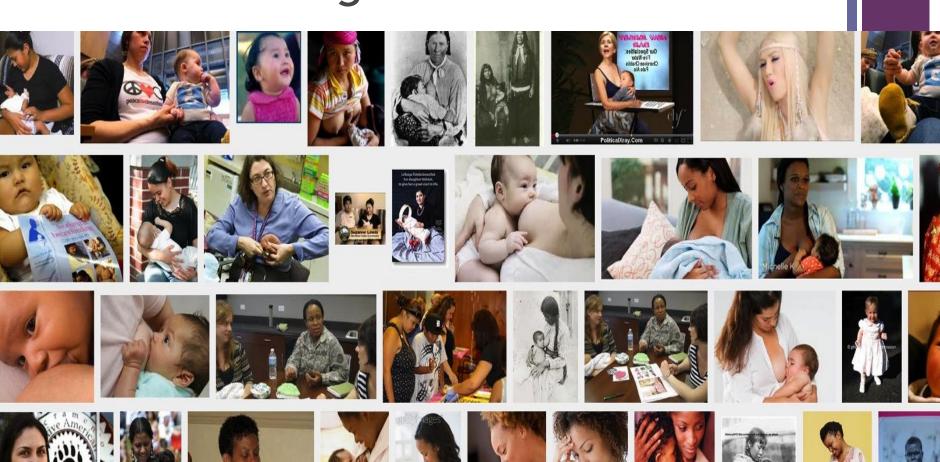
+ Mother + Breastfeeding

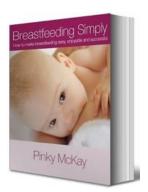


Black + Mother + Breastfeeding

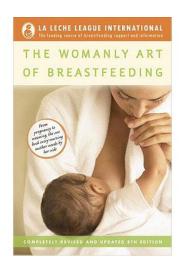


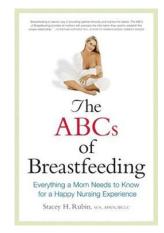
+Native American + Mother + Breastfeeding

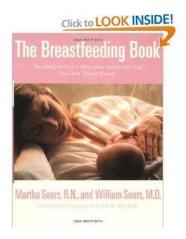


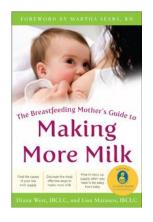


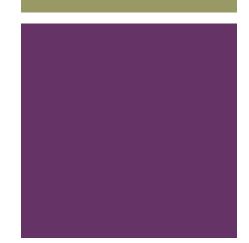






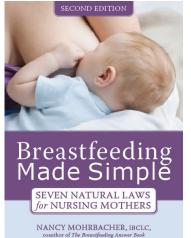






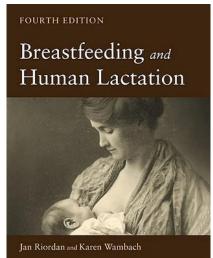


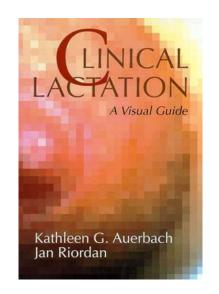


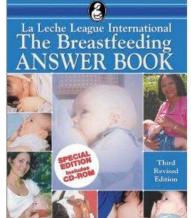


KATHLEEN KENDALL-TACKETT, PH.D., IBCLC

Foreword by JACK NEWMAN, MD

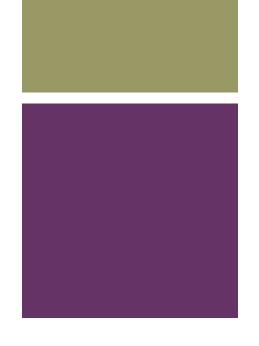














What are we learning from these teachings? What are we learning from these images?

White People:

- White women breastfeed and women of color don't.
- The breasts of white women are the standard/norm and all breasts should be compared to them.
- Inadequately serve WOC

People of Color:

- White women breastfeed and we don't.
- To "serve" white women.
- How not to serve their own populations.



Support Groups





Mother to Mother Drop-in Groups



Types of Support Groups Available

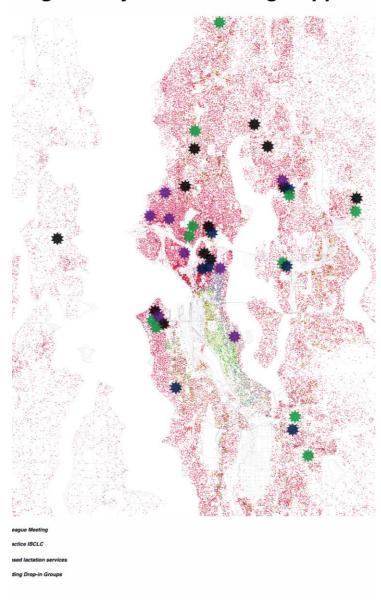
La Leche League

- Mother to mother support group
- Monthly meetings
- Phone support
- Home Visits
- FREE!!!

Drop-in Groups

- Typically lead by an IBCLC
- Weekly
- Not meant to be a 1-1 visit
- Cheap (usually \$10 or less)

King County Breastfeeding Support



⁺98118

"The Most Diverse Zip Code in the Country"



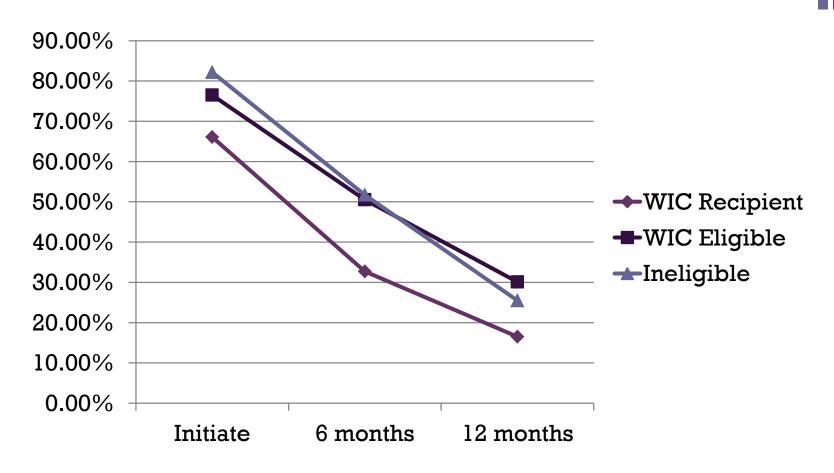
Women, Infants and Children

Disclaimer: I LOVE LOVE LOVE WIC





The Elephant in the Room



CDC, National Immunization Survey (NIS)

WIC has come a long way! There is still work to be done...

- Food Packages
- Clinical Training/Skills
- LC visits
- Peer Counselors

+

Food Packages

Fully Breastfed Baby at 6 months







1-2 Year Old





"WIC has IBCLCs."

- WIC largely has RDs and nurses that are also IBCLCs
- Variable clinical training
- The story of two clinical experiences...
- Does not provide equitable services



Typical Visit with and IBCLC

Private Practice

- 1.5-2.5 hours
- Full, holistic assessment of both mom and baby
- Make recommendations
- Detailed Infant feeding plan with recommendations as appropriate
- Notes to PCP

WIC

- No more than 1 hour (typically much less)
- Must complete other items for the day
- Random appointments
- Document visit
- PCP communication is not standard practice



Clinical Training

Remember, Camie 's WI

Talking about, counseling about and teaching about breastfeeding are not clinical skills.

- This is mostly an IBCLE issue however we could make hiring experienced IBCLCs with strong clinical skills to serve as a proctor to WIC staff a priority.
- Clinical supervision with hands on training is a must.

+ Model

- Peer Counselors... but
 - Reasonable case load
 - Practice their skills
 - Learn
 - Livable wage/benefits
 - Reasonable hours

+

So what can we do?

THANK YOU!

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