

Dads, community health care workers' roles in supporting low-income moms with breast feeding

October 17 2011

The low rate of breastfeeding among low-income, inner-city African-American mothers is a health disparity now receiving national attention. Two new studies from University Hospitals Rainbow Babies & Children's Hospital highlight some obstacles to increasing the breastfeeding rate in this population and identify methods to address this disparity.

Both studies were led Lydia Furman, MD, of UH Rainbow Babies & Children's Hospital and an Associate Professor at Case Western Reserve University School of Medicine, and were presented Oct. 17 at the American Academy of Pediatrics (AAP) National Conference and Exhibition in Boston.

"Breastfeeding benefits infants and their mothers, but many barriers exist for mothers who want to breastfeed," Dr. Furman said. "These studies have helped us to identify some of the obstacles facing women and give us important information to begin to address these issues."

The first study, entitled "Low-Income Inner-City Fathers and Breastfeeding: Where's the Program for Us?", suggests that fathers of low-income children support breastfeeding, but are unsure of how to influence or help their child's mother (their partner) with breastfeeding.

Researchers conducted two focus groups each comprised of five men:

two of the participants were expecting a child, and eight were current fathers. A moderator sought the men's views on breastfeeding and "father engagement programs" designed to use father/partner encouragement to promote breastfeeding.

Most of the participants had a positive view of breastfeeding and its potential health and emotional benefits for their child. However, many lacked specific knowledge about breastfeeding, perceived themselves as having limited influence on the mother's choice to breastfeed, and reported a lack of relevant programs for fathers and partners.

"The views and needs of fathers and partners of low-income, inner-city expectant women need attention," said Dr. Furman "The challenge at hand is how to reach, recruit and engage these men in breastfeeding promotion."

The study was conducted with support of Community Endeavors Foundation and the Cleveland Department of Public Health MomsFirst Program.

The second study also used two focus groups to elicit information from community health workers who are in a unique position to impact their clients' health decisions. But many of the community health workers described negative personal breastfeeding experiences, a need for additional knowledge about breastfeeding, and concerns about the administrative burden of new mandates.

According to Dr. Furman, "These factors will need to be considered in design of a breastfeeding promotion effort."

With the support of UH Rainbow's community partner, the Cleveland Department of Public Health MomsFirst Program, Dr. Furman and her colleagues examined views about breastfeeding among community

health workers who perform home visits for clients who are high-risk expectant and delivered mothers of the MomsFirst Program. MomsFirst is a City of Cleveland program that offers case management and home visit services to pregnant moms until their baby reaches age one. The goal of MomsFirst is to reduce the number of babies who die before their first year.

In the focus groups, researchers explored barriers to breastfeeding promotion and intervention design ideas. Themes that emerged were breastfeeding is "hard" for young mothers, with multiple obstacles identified, including lack of support in the home ("her mother didn't breastfeed"), pain with nursing, time required, perceived incompatibility with medications, issues with lifestyle and employment, body image concerns ("saggy breasts"), "bad habits" (smoking and partying), and "no equipment" (breast pumps); expected sources of support for their clients have not been helpful (for example, post-partum in-hospital care and doctor office visits) and in-home "visual" help is needed (showing not telling).

Most community health workers' personal breastfeeding experiences were mainly negative (pain, postpartum depression, overwhelmed with other siblings, no support) with requests for additional community health worker-oriented breastfeeding education, while strongly endorsing enthusiasm for "making a difference" in their clients' lives. Community health workers worried that additional curricular mandates regarding breastfeeding would create more paperwork and burden that would become a disincentive for them.

Provided by University Hospitals Case Medical Center

Citation: Dads, community health care workers' roles in supporting low-income moms with breast feeding (2011, October 17) retrieved 26 April 2024 from

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