

Overcoming the breastfeeding barriers black women face

August 31 2015, by Beth Skwarecki

We started August with World Breastfeeding Week and a post on how women aren't getting the support they need to meet their own breastfeeding goals. August ends with another important theme: Black Breastfeeding Week.

Black women are less likely to breastfeed their children than white women (although [the gap may be narrowing](#)). They often have an extra layer of the "booby traps" that make breastfeeding inconvenient, difficult, or impossible. For example, a [report](#) released last year from the US's Centers for Disease Control found that [the more Black women a hospital served, the less likely it was to promote and support breastfeeding](#). These hospitals were more likely to offer formula and less likely to encourage women to keep their baby with them in their hospital room (rather than sending the baby to a nursery).

The report didn't test specific hypotheses about why these hospitals were less breastfeeding-friendly, but one factor—likely both cause and effect—is an apparently common assumption that Black women don't breastfeed. [Studies have found](#) that Black women are less likely to get breastfeeding support from their [health care providers](#) and from WIC nutrition counselors. Here's the good news: when hospitals transition to [Baby-Friendly Hospital status](#), they're able to increase [breastfeeding rates](#) for all women, Black and otherwise.

Unfortunately, there are [very few such hospitals](#), and they aren't always available in the communities where breastfeeding support is needed the

most. As of 2013, 85% of Baby-Friendly Hospitals in the US [were located in communities with a lower-than-average Black population](#).

A [report from the Centers for Social Inclusion](#), released this month (which, by the way, is US National Breastfeeding Month) details some of the barriers to breastfeeding that non-white women encounter. The report cites statistics on medical, community, and employment-related barriers, and tells them in a series of stories about fictional composite women who encounter both support and obstacles. "Nicole," who is Black, isn't able to drive three hours to the only lactation classes in her area, and isn't able to confirm that her insurance would cover a birth at a far-away baby friendly hospital. She gets bad advice from a local doctor, can't find a lactation consultant she can afford, and eventually transitions her baby to formula.

The report's conclusions: women need better and more consistent policies in the workplace and at health care facilities; and breastfeeding needs to become more publicly acceptable. This is especially true in the areas [that have been dubbed "first food deserts"](#) because breastfeeding is rare there. These areas are less likely to have LLL groups or stores with explicit policies allowing [breastfeeding](#); they're also places where nursing in public is likely to earn you rude comments or stares.

On why a Black Breastfeeding Week is needed, Kimberly Sears Allers [explains it beautifully](#). I'll end by handing over the mic to her:

It is not debatable that breastfeeding advocacy is white female-led. This is a problem. For one, it unfortunately perpetuates the common misconception that black women don't breastfeed. It also means that many of the lactation professionals, though well-intentioned, are not culturally competent, sensitive or relevant enough to properly deal with African American moms.

And the bonus #1 reason why we need a Black Breastfeeding Week is: Because. We. Said. So. We, the people who are from and of the black community. Those of us who are respected for leading the charge in increasing breastfeeding rates among black women. Those of us who are on the ground, doing the work and working for change. Those of us who have faced the cultural struggles while breastfeeding our own children and want something better for future mothers and babies. I'm confident that the majority of people who are complaining about Black Breastfeeding Week haven't seen what I've seen. They haven't driven some 30 miles outside Birmingham, AL just to find a breastfeeding support group—or other urban areas where La Leche League doesn't exist. They haven't held a premature baby who desperately needs breast milk but keeps spitting up formula. They haven't stood on street corners and in front of WIC offices surveying new mothers and fathers, who said that their doctors never even gave them information about breastfeeding. They have likely never stepped into a black community or a black home or a black church to understand the lack of resources available or the negative sentiment and myths that linger about breastfeeding. So until you have walked where I have walked, seen what I have seen and stood where I have stood, please do not have the audacity to tell me and my community what we do and do not need.

Yes, we are all in this together. But some of us need more attention to get us there.

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