

Social inequities perpetuate breastfeeding disparities for Black women

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As Black women continue to have the lowest breastfeeding initiation and duration rates in the United States, researchers examined factors associated with breastfeeding disparities and inequities through the lens

of critical race theory and the social-ecological model in a new Perspective in the *Journal of Nutrition Education and Behavior*.

In the United States, there has been a heightened recognition of the health and social disparities that continuously impact Black, Indigenous, and People of Color (BIPOC) communities. Among these health disparities is the low rate of breastfeeding among Black mothers, despite the association between positive health outcomes and breastfeeding. A general lack of acceptance about breastfeeding within the Black American culture and American culture; lack of neighborhood resources like [primary care](#), social cohesion, and safety; and experiences of racism and implicit bias by healthcare providers have been identified as contributing factors to the low [breastfeeding rates](#) among Black women.

"The reality is that right now the breastfeeding rates in the United States are not improving, and [Black women] have the lowest rates of breastfeeding for any race or ethnicity in the US. Unfortunately, the breastfeeding rates between Black infants and White infants are widening, so what we're doing right now is not working," said Melissa Petit, MN PH, BA, RN, IBCLC, College of Nursing, Washington State University, Spokane, WA, U.S..

This Perspective encourages [healthcare providers](#) and nurses to address breastfeeding disparities among Black women in the US from the individual level to the societal level.

"In [clinical practice](#), we need to examine the roadblocks or barriers to fostering inclusion and equity in healthcare for all women. We need to identify our own assumptions about race, understand and acknowledge our own biases and perceptions, and challenge our own thoughts to identify our own microaggressions by reading about microinequities and microaggressions. We need to be active practitioners of trauma informed care. We need to realize trauma impacts patients and recognize the signs

and symptoms of trauma whether it be historical or structural or personal, and we need to respond by implementing care structures for all women by acknowledging our shared humanity and challenges in that shared humanity," commented coauthor Denise Smart, DrPH, MPH, BSN, RN, College of Nursing, Washington State University, Spokane, WA, U.S..

More information: Examination of Factors That Contribute to Breastfeeding Disparities and Inequities for Black Women in the US, *Journal of Nutrition Education and Behavior* (2021). [DOI: 10.1016/j.jneb.2021.08.013](https://doi.org/10.1016/j.jneb.2021.08.013)

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