

Three strategies to break down barriers to breastfeeding and lower women's risk of breast cancer

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When it comes to encouraging women in California to breastfeed, health care providers, insurance companies and employers need to be doing

more, according to recommendations in a [new report](#) from the UCLA Center for Health Policy Research.

Breastfeeding has been shown in studies to lower the risk of developing breast cancer in mothers and provide health benefits for babies. Yet licensed lactation specialists can be difficult to access, the time off granted for leave from work is too short and workplace accommodations for [breastfeeding women](#) are lacking. Black, Asian American, and Native Hawaiian and Pacific Islander women often face even greater difficulties, including cultural feeding practices and attitudes toward breastfeeding and lack of racial or ethnic representation among lactation providers. Women in rural settings also have less access to consultants.

This combination of factors has proven to be an insurmountable barrier to breastfeeding for some women, said AJ Scheitler, director of development, engagement, and strategic planning at the UCLA Center for Health Policy Research.

"The result is that many women who want to breastfeed do not, or don't breastfeed for as long as they'd like to," said Scheitler, lead author of the report and corresponding recommendations. These three policy notes were taken from a larger study about access to breastfeeding.

Even though the American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for the first six months of an infant's life, the National Immunization Survey found that while 90% of California women gave birth in 2019 reported "ever breastfeeding," only 62% of them reported any breastfeeding of their babies at 6 months of age. Additionally, only 27% reported exclusive breastfeeding through their child's first six months and by 12 months, only 44% reported any breastfeeding.

To get a better understanding of what prevented women from

breastfeeding according to their intended plans, Scheitler and her colleagues talked with 33 people—mothers of recent newborns; maternal care providers, including physicians, nurses, lactation consultants and doulas; and community advocates for child and maternal health. Their interviews resulted in three policy notes with recommendations for changes that would reduce breast cancer risk.

Make it easier for women to work with licensed lactation consultants

All the women in the study who worked with lactation consultants, especially the new mothers, said it was a positive experience. Consultants can educate mothers about what to expect—for example, helping them understand weight fluctuations in a newborn and addressing any physical challenges that might cause a mother to quit breastfeeding, such as nipple pain, mastitis (swelling) and delayed onset of milk supply.

"Overall, they were just encouraging me to keep trying and know that the breastfeeding experience in the beginning is supposed to be normally hard," one mother said.

Notably, even though the Affordable Care Act requires coverage of "comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment," families are often unclear about what their insurance offers, and it's often too expensive when the lactation specialist is not an in-network provider, the report states.

To increase access to lactation consultants, the report's authors offer these recommendations:

- Support programs and [insurance coverage](#) that improve access to doulas and lactation service providers at no cost, both in and outside of the hospital setting.
- Increase diversity among lactation consultants and doulas. Mothers and providers said many women feel more comfortable with someone who looks like them, especially in body type.

Improve knowledge of family leave policies and extend their duration

The first months after birth are vital for mothers to bond with their babies and to breastfeed them. Almost all of the 23 mothers and 10 providers and community representatives said they felt leave was too short, with many saying that financial concerns pressured them to return to work before they wanted to.

To improve family leave, the authors recommend:

- Aligning family leave policies with recommendations for breastfeeding practices. Public health institutions promote breastfeeding for at least up to one year after birth. Every study participant was adamant that family leave must be longer, paid and cover both parents.
- Improving awareness among workplace owners, managers and employees about family leave rights. Workplaces should also help make sure that employees know their rights.

Ensure that existing laws to accommodate breastfeeding in the workplace are enforced

Both federal and California laws require employers, regardless of size, to provide nursing mothers adequate time to pump in an appropriately

private place that is not a bathroom. Yet study participants said going back to work made breastfeeding a challenge.

One respondent said she used most of the time reserved for pumping walking to and from the room provided, which was far from her workspace. One doctor in the study was told she could take the breaks she needed to pump, but she was required to see the same number of patients per day as other physicians. Many participants said they had to supplement breastfeeding with formula or stop breastfeeding because of a lack of accommodations at their workplaces.

The report recommended these steps to improve breastfeeding conditions at all workplaces:

- Increase awareness of legal rights of [workplace accommodations](#) for breastfeeding mothers among human resources professionals, managers and employees.
- Enforce current policies on workplace breastfeeding.
- Include workplace rights messaging in public campaigns to help normalize the practice of women pumping during the workday.

"Even in 2024, women who want to breastfeed are facing barriers that one would have hoped were eliminated years ago," said study co-author Ninez Ponce, director of the UCLA Center for Health Policy Research and Fred W. and Pamela K. Wasserman Chair in Health Policy and Management at the UCLA Fielding School of Public Health. "It's crucial that California act to make breastfeeding easier."

More information: Report: [Reducing Barriers to Breastfeeding in Disadvantaged Communities](#)

Provided by University of California, Los Angeles

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