



Breastfeeding While Black

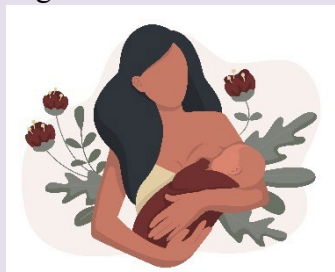
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Breastfeeding and its Impact on Childhood Development in Low-Income Communities

Breastmilk or “mother milk” produced from a woman’s breast is high in nutritional value. Breastmilk includes protein, vitamins, fat, calcium, and iron; everything an infant needs to grow. The World Health

Organization recommends that breastfeeding should begin within the first hour of an infant’s life. The



first milk-colostrum is very high in levels of antibodies that fights infections that can be fatal to neonates. As a baby grows and their needs change, breastmilk changes as well. To

some extent, a woman body can naturally signal when a baby is sick, lacking nutrients, and how much milk to produce to ensure the infants’ needs are met.

However, there are blatant racial disparities in the breastfeeding rate of African American women. African American women have the lowest breastfeeding rates and the shortest duration of all ethnic groups. Per the US Centers for Disease Control and Prevention's recent figures, only 62% of black babies born in the US in 2010 started breastfeeding, compared to 79% of white babies. After six months, only 36% still breastfed, compared to 52% of white babies.

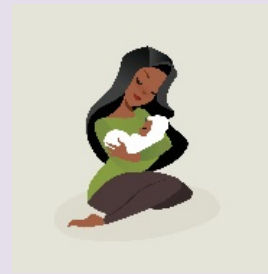
African-American women are less likely to breastfeed and if they do breastfeed, they are less likely to breastfeed for longer periods of time.

resources readily available to them such as receiving less access to lactation nurses and consultants, lack of direction from healthcare workers, and they are more likely to return to work earlier because of inadequate or shortened maternity leave after giving birth. Education for breastfeeding usually starts early in pregnancy. Many low-income African-American mothers do not receive adequate prenatal care. Many times, they do not realize they are pregnant or see a doctor until late in their 2nd trimester or into their 3rd trimester. In too many cases, very young African-American mothers receive no prenatal care at all. Institutional barriers create a gap in the education of the options an African-American mom has for her infant. In the African-American community, the act of breastfeeding is also met with some myths and stigmas.

Historically, black women were used as wet nurses to white female slave-owners to nurse their children. A wet nurse is a lactating woman who breastfeeds and cares for a child or children other than her own. This was certainly dehumanizing. The dehumanization of black mothers even went so far as forcing impregnation just for the sole purpose to create a wet nurse for a white woman’s baby, or to use black women as broodmares to replenish the “stables” of the slave owners. During the times when wet nurses were a common role, black women were often forced and, later following slavery, hired for caregiving, thus, they were often had no choice to neglect their own children’s needs. Before the practice of modern medicine, a lot of black babies were often neglected from the early days of

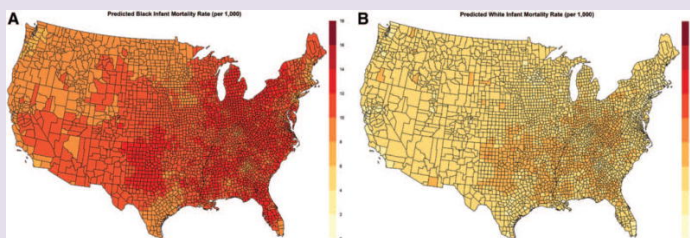
life. Consequently, African-American infants have a higher mortality rate. The babies who survive the birthing process often lack the nutritional benefits of breast milk. The history of wet-nursing and the status symbol that formula and bottle-feeding gained starting in the 1940s, began a trend for African-American mothers to aspire to not breastfeed their children. The myth abounds to this day that breastfeeding is a holdover from slavery and poverty. Per the US Department of Health and Human Services Office of Minority Health, Black infants have 2.3 time the infant mortality rate compared to white infants. *"Reducing racial disparities in newborn mortality will also require raising awareness among physicians, nurses, and hospital administrators about the prevalence of racial and ethnic disparities."* (CNN Health). Per the CDC, increased breastfeeding among black women could decrease infant mortality rates by as much as 50%. Based on epidemiological studies,

Lactation consultants are professional breastfeeding specialists trained to educate mothers on proper ways to train an infant to latch, how to increase milk production, avoid mastitis, plugged ducts and much more. Lactation consultants can also help with babies who aren't gaining enough weight. Lactation consultants can be commonly



found in hospitals, physicians' offices or midwife practices, public health programs, and private practices. Most of these access points are not always easily accessible because of cost, lack of marketing of the services and the location where the services are provided which are usually outside of the communities of need. When African-American mothers do gain access to the programs, even when they access the programs from a place of financial or resource privilege, the program facilitators and providers lack control knowledge, or cultural norms and sensitivity of the African-American community.

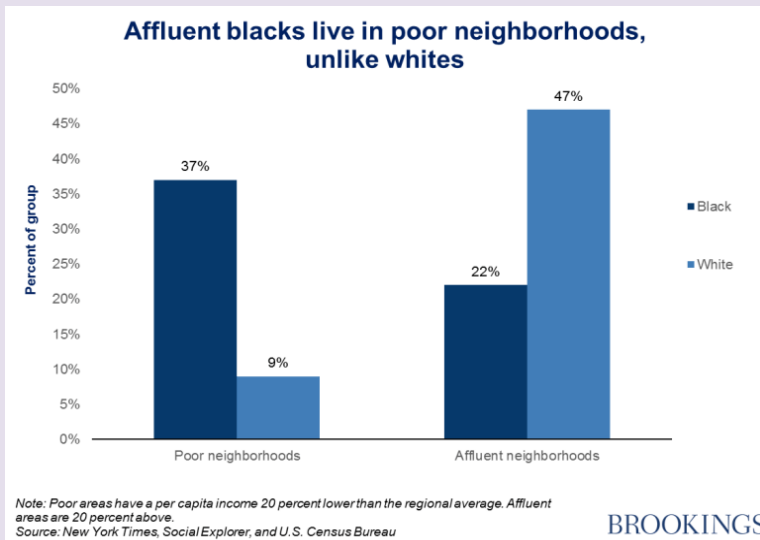
African-American women in low-income communities receive less than subpar treatment in healthcare throughout their pregnancy, labor, and aftercare but also once they go home. Aftercare for infants and mothers is also seriously lacking. The lack of accessibility to healthy foods can cause complications for both the mom and the infant. While breastfeeding, it is important that mothers are eating nutritionally balanced meals and it is important they are hydrated. This is a challenge in low-income communities due to most low-income communities being in food deserts, having transportation challenges and since healthy food is expensive, and many lacking the financial resources to afford it. A food desert is an area that has limited access to affordable and nutritious food. Food deserts are most common in areas with a greater minority presence. Hydration is vitally important for milk supply and creates another barrier to equation. A healthier and hydrated mother produces a healthy milk supply and helps mothers with postpartum recovery.



Posterior predicted black infant mortality rate (per 1,000) by county, 2004–2011 (A) and posterior predicted white infant mortality rate (per 1,000) by county, 2004–2011 (B) from the spatial shared component model, shown on the same scale (Rossen et al., 2016).

African-American mothers die at higher rates during or immediately following childbirth. These facts are a result of systemic racial inequity and disparities in the medical community. These factors and the stories of these types of mistreatment at the hands of medical professionals, breeds the subsequent mistrust of medical professionals in the African-American community and could also be a factor in the high mortality rate of mothers and infants that creates an unfortunate cycle of health disparities. Consequently, many African-Americans do not seek medical help until the situation is dire.

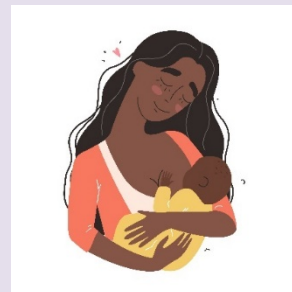
Breastfeeding is both beneficial to the baby and the mom. According to the CDC breastfeeding can lower risk of SIDS (Sudden Infant Death Syndrome), gastrointestinal infections, acute otitis media (ear infections), decreased risk of allergies, lactose intolerance and many other short term/long term illnesses and disease. It also is a powerful way for mother and infant to physically and emotionally bond and forge a vital relationship.



Unlike a couple of decades ago, breastfeeding culture has made a comeback in popularity among educated mothers. Additionally, new products on the market are available to create a better supply flow for women and improve their experiences. Products such as electrical and manual pumps, breastmilk storage, organic supply supplements, lactation cookies/teas, special compresses, pillows etc., the resurgence of midwifery, doulas and customizable birthing plans, and boutique birthing centers, can become pricey and are luxuries for mothers who can afford them. These products can also become invaluable tools for working mothers who must or who choose to return to work during their child’s infancy stages. Although very valuable, these are certainly cost-prohibitive for low-income African-American women. In fact, many low-income African-American women are not even aware of the resources available to assist them in their breastfeeding and motherhood journey.

Now that we discussed the challenges and disparities, there is great hope and prospect of better future for African-American mothers.

The very public conversations about African-American mothers’ own personal birthing crisis, fertility, breastfeeding struggles and motherhood triumphs and challenges are occurring in the cultural atmosphere after mega stars and icons, Beyonce, Michelle Obama, Serena Williams, Crissy Tiegan Legend and others, have inspired a growing movement for African-American women to embrace breastfeeding, their own health care, infant care, birthing plans, pre and postpartum care, and parenting styles. Education is the key. How the knowledge and the resources are communicated and made accessible to low-income African-American communities need to be expanded and improved. African-American women need advocates, but they are also the ones they have been waiting for. They must empower themselves through the acquisition of knowledge- knowledge of history and knowledge of self-advocacy. The loss of a child is devastating. A negative birthing experience can also be traumatic and deadly. Centering black women when we talk about maternal and mental health, medical equity,



misogyny noir, (misogyny noir is an intersection of discrimination that uses race and gender to stereotype and marginalize African-American women), systemic racism and inequities in American medical system are the

keys to improve lives of newborn and African-American mothers.

Until these end, the inequities and mortality rates will continue to be disproportionate. The solution is in re-education of practitioners and the community in health disparity, history, and equity.

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