

Latina Women's Experiences With Health Facility Breastfeeding Care: Implications for Quality Improvement

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Objectives: Little is known about how to promote high-quality, person-centered breastfeeding care for women of color. We sought to understand breastfeeding care experiences among Latina women to inform the co-design of quality improvement interventions.

Methods: We conducted in-depth interviews with 21 Latina women with low incomes in Connecticut about their breastfeeding care experiences during prenatal, birth, and postpartum visits and ways to improve care experiences. We conducted a thematic analysis and mapped results to the WHO quality of care framework for maternal and newborn health.

Results: Most women received little or no breastfeeding information during prenatal visits and reported that providers rushed visits. Yet, women wanted to learn about breastfeeding before birth and valued spending quality time with providers, particularly when they asked open-ended questions about breastfeeding that promoted

discussion. Women emphasized that respectful breastfeeding care requires providers be attentive to their needs and preferences, especially during birth care. While most women appreciated birth care nurses who answered breastfeeding questions and responded to requests (e.g., for breast pumps), a few felt disrespected when nurses ignored requests for their infants to be brought to them and pressured women to formula feed against their wishes. Women reported that lactation consultants (LCs) offered encouragement, though LCs were often unavailable when needed. After discharge, some women felt discouraged because providers did not follow up to offer breastfeeding support. Among women who had negative experiences, many still strove to meet their breastfeeding goals; a few chose to not use postpartum and primary care services as result of negative experiences. At the provider level, women recommended that providers build relationships and trust with women by engaging in breastfeeding conversations. They also recommended systems level changes, including longer prenatal visits, continuity of breastfeeding care, culturally responsive providers who speak Spanish and look like them, provision of breastfeeding peer counselors, and timely access to LCs.

Conclusions: Multi-level changes recommended by Latina women should be prioritized in efforts to improve breastfeeding care quality.

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