

Breastfeeding Support Group for Puerto Rican Moms

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Ethnic Disparities in Breastfeeding

Lack of breastfeeding increases the risk for pediatric overweight and a variety of infectious diseases, including otitis media, gastroenteritis, and respiratory infections.¹ Over \$3.6 billion in annual healthcare costs would be saved if breastfeeding increased to the rates endorsed by Healthy People 2020, and \$13 billion would be saved annually if 90% of mothers in the U.S. exclusively breastfed their children.²

While low-income Hispanic women have high breastfeeding initiation rates overall (80%) and 6- and 12-month duration rates (45%; 25%) similar to non-Hispanic White women,³ there is considerable disparity in breastfeeding duration by national origin within the Hispanic community, with low-income Puerto Rican women having a median breastfeeding duration of only two weeks.⁴

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves to safeguard the health of socioeconomically disadvantaged pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. WIC is administered by the Food and Nutrition Service (FNS), a Federal agency of the U.S. Department of Agriculture. National WIC Association proposed “Six Steps to Achieve Breastfeeding Goals for WIC Clinics” in 2011 including accessible individual lactation support.⁵ However, the average breastfeeding duration in this region remains relatively short (<10 weeks). WIC remains one of the largest distributors of free infant formula in the U.S., greatly undermining the practice to promote breastfeeding and establish breastfeeding as the social norm.⁶

Breastfeeding Support Group for Puerto Rican Mothers

The Baby-Friendly Hospital Initiative to promote breastfeeding initiation and maintenance has the Ten Steps to Successful Breastfeeding developed by the World Health Organization and the United Nations Children’s Fund,⁷ in which the only strategy to maintain breastfeeding is the last step of postpartum referrals to peer-support groups. We have recently conducted weekly peer support groups for breastfeeding at an urban WIC setting in order to support continued breastfeeding among WIC-enrolled Puerto Rican mothers. A bilingual breastfeeding counselor of Puerto Rican heritage with WIC program experiences was hired to introduce the program and to facilitate the weekly 1-hour meetings from July 2014 to January 2015.

The weekly support group meetings were intended to provide information related to breastfeeding, provide social support to reinforce continued breastfeeding, and problem-solve on issues that caused difficulties in continuing breastfeeding. The Puerto Rican breastfeeding consultant addressed the general technique related to breastfeeding, the importance and benefits of breastfeeding, cultural misconceptions about early weaning and formula supplementation before six months postpartum, and the risks of smoking and second-hand smoke exposure to children. The breastfeeding consultant encouraged mothers to talk about their experiences and provided social support to reinforce their efforts to continue breastfeeding. The breastfeeding consultant provided advice and problem-solved on issues that caused difficulties in breastfeeding. These difficulties generally included latching techniques, milk production issues, sore nipples, and time management issues. The breastfeeding consultant facilitated discussions among mothers on how to continue breastfeeding while working, have babies latch better, take care of sore nipples, and deal with negative views of family and others.

Of 44 meeting opportunities offered, a total of 16 meetings (36%) were conducted, and at other meeting opportunities, no mother showed up. A total of 18 mothers participated in group peer support meetings at least once. No more than two mothers attended in any of the meetings conducted. Specifically, for 14 out of 16 meetings conducted (87.5%), only one mother attended. For 2 out of 16 meetings conducted (12.5%), two mothers attended.

Eight of the 18 mothers that signed up to attend the meetings (44%) ever attended a support group meeting at a WIC office. Only 4 of the 8 mothers (50%) participated in more than one support group meetings at WIC in the range of 2 to 5 times. Those who attended a meeting(s) reported benefits of the meetings being “information about formula”, “latching technique”, “stress coping skills”, and “socialization.”

Barriers to attend meetings included childcare issues (n = 6), weather issues (n = 3), working full-time (n = 3), transportation issues (n = 1), and scheduling issues (n = 1). Preferred format for support group included individual breastfeeding support, relative to group support only. Preferred type of individuals to provide breastfeeding support was health professionals (n = 7), family or relatives (n = 4), friends (n = 2), and Spanish-speaking peer (n = 1).

Individualized Strategy to Maintain Breastfeeding

The attendance rate among Puerto Rican mothers for the breastfeeding support group meetings at an urban WIC setting was poor. WIC-enrolled Puerto Rican mothers had many logistic barriers that prevented them from attending weekly support group meetings. Moreover, they preferred individual professional support over group peer support.

A review of individualized peer counseling interventions targeting low-income racial/ ethnic-minority women (African American and Puerto Rican mothers) demonstrated significant improvements in breastfeeding initiation, but non-significant effects on breastfeeding continuation at 1- and 3-month.⁴

Providing financial incentives contingent on verified breastfeeding among WIC-enrolled Puerto Rican mothers in an urban setting significantly increased the rate of breastfeeding at 6-month postpartum.⁸ In this study, all participants were introduced to a bilingual Puerto Rican breastfeeding peer counselor, and half of the randomized participants also received an escalating magnitude of financial incentives contingent on verified breastfeeding.

Individualized breastfeeding support with additional incentives⁸ or additional services to address logistic barriers (e.g., home visitations, flexible time schedules, convenient meeting locations) might be more appropriate and motivating for WIC-enrolled Puerto Rican mothers to utilize the breastfeeding service and maintain breastfeeding.

The anecdotal observation in Delaware has been consistent with the presented empirical findings in this commentary. The Health Ambassador program funded by the Department of Public Health in Delaware provides education and community referrals for promoting breastfeeding after hospital discharge. The program hosted a community baby shower even for Hispanic mothers, and three out of 60 families were Puerto Rican, predominantly with Mexican and Central American families. The Delaware community has a clinic focused on Hispanic populations which provides bilingual lactation consultation and conducts breastfeeding peer support meetings; however, predominant Hispanic ethnicities who utilize the services were Mexican and Central Americans. Informal interviews with Puerto Rican mothers indicated that the Puerto Rican culture prefer individualized professional help rather than group-based peer support.

In summary, the current commentary brought attention to ethnic disparities in the rate of continued breastfeeding, especially among low-income Puerto Rican mothers. While the global initiative to promote breastfeeding recommends a strategy of group peer support referral to maintain initiated breastfeeding as the last step, such a strategy may not be always acceptable among mothers of a certain racial/ethnic group. A patient-centered approach such as comprehensive, individualized breastfeeding support should be explored to support continuation of breastfeeding especially for racial/ethnic groups with low rates of continued breastfeeding. Such an endeavor should follow a public health model such as socio-ecological model in order to effectively address individual needs while advocating and improving the norm around breastfeeding within the community and Puerto Rican ethnic group. We recommend a future, national and global breastfeeding support initiative to explore and include several options as strategies to maintain breastfeeding so they are more feasible and acceptable to various racial/ethnic groups of mothers.

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