

# African American Mothers' Narratives of Breastfeeding Support from Healthcare Providers

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AFRICAN AMERICAN MOTHERS' NARRATIVES OF BREASTFEEDING SUPPORT FROM  
HEALTHCARE PROVIDERS

by

TESSA TREADWELL

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Sociology  
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Thesis Chair: Dr. Shannon K. Carter

## **ABSTRACT**

Research indicates that African American women breastfeed at the lowest rates of any racial/ethnic group in the U.S.

Breastfeeding has shown to have numerous health benefits for both mother and baby, making the lower rates of breastfeeding among African Americans a public health concern. Racial disparities in healthcare may contribute to these discrepancies. This research will analyze the perceptions of information and social support for breastfeeding provided by healthcare providers among a sample of African American mothers who breastfed their babies. The study asks: Do participants regard their healthcare providers as supportive of breastfeeding? Data were collected through in-depth qualitative interviews with 22 African American mothers. Participants interpreted their providers' opinions on breastfeeding and formula and discussed whether they felt supported to breastfeed. Findings reveal which healthcare providers were perceived to be the most supportive of breastfeeding and themes within the time-frame codes: pregnancy, labor and birth, immediately after birth, and postpartum. The majority of participants felt supported during the first three stages. However, during the postpartum period, there was a lack of assistance from healthcare providers, resulting in limited breastfeeding support. Participants that did receive postpartum support typically received verbal affirmation, rather than given useful information.

## **DEDICATION**

For my family and friends, thank you for your consistent support and love over this last year.

For my thesis chair and committee, thank you for your encouragement, feedback, and guidance.

And for my mother, my most loyal advocate.

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## **INTRODUCTION**

Breastfeeding has numerous health benefits for both mother and baby. Babies who are breastfed are less likely to suffer from asthma, childhood leukemia, childhood obesity, ear infections, eczema, diarrhea and vomiting, lower respiratory infection, necrotizing enterocolitis, sudden infant death syndrome (SIDS), and type 2 diabetes (Office on Women's Health). Additionally, breastfeeding lowers mothers' risk of type 2 diabetes, breast cancer, and ovarian cancer. The American Academy of Pediatrics recommends that mothers breastfeed exclusively for six months, with a duration of one year or more in total. Despite the health benefits and the recommendations, many U.S. mothers do not breastfeed. The Breastfeeding Report Card (2016), published by the Centers for Disease Control and Prevention (CDC), shows that breastfeeding initiation rates indicate that mothers in the U.S. want to breastfeed, at 81.1%. At 6 months, the rate drops to 51.8%, and at 12 months, the rate falls even lower to 30.7%. These low breastfeeding rates for infants 6 to 12 months old demonstrate that a great deal of mothers do not maintain breastfeeding for the recommend time. This may suggest that mothers are not receiving the breastfeeding support needed.

The Surgeon General's Call to Action to Support Breastfeeding (2011) reports that 75% of American women breastfeed. However, this percentage primarily represents women who initiate breastfeeding, even if that means only breastfeeding for a few days following birth. By the six-month mark, only 43% of babies are breastfed, and even less are exclusively breastfed, at 13%. And unfortunately, while these numbers are low, they are much lower for African American women. Only 58% of African American



women initiate breastfeeding, with 28% still breastfeeding at six months and 8% breastfeeding exclusively. Given the known health benefits of breastfeeding, the lack of breastfeeding within the African American community is a public health concern.

Several avenues have been explored in research to identify why lower breastfeeding rates exist among African American women, and how to improve them. Sociodemographic factors have been considered, such as education or whether the mother works, to discover if these have an effect on breastfeeding rates (Lewallen and Street 2010). Among this literature, it has been suggested that African American women with lower socioeconomic status may receive inadequate health care (Kogan et al. 1994, Lee et al. 2009). These experiences may account for lower rates in breastfeeding among African American mothers. However, Lee et al. (2009) also discovered that race was not an influential factor on breastfeeding initiation in an inner-city context, where both the white and black women came from low socioeconomic backgrounds. In this study of 1140 women, poor African American women and poor white women breastfed at lower rates than foreign-born blacks, demonstrating the importance of culture, and the importance of culturally sensitive encouragement. Cultural factors have also been considered. Specific cultural problems that uniquely African American women may face include: mixed messages from family and friends, being told that breastfeeding is a “white thing to do”, being afraid to breastfeed if they weren’t breastfed, and being concerned that breastfeeding will make male children too dependent on their mothers (Lewallen 2010).

Due to structural inequalities and cultural barriers to breastfeeding that limit breastfeeding among African American women, breastfeeding education is extremely important. Breastfeeding is not a natural skill (Phillips 2011). It is learned, and perfected by

practice. Therefore, it is unfair to place the burden of increasing breastfeeding rates on individuals. Instead, it must be placed on the educators- the healthcare providers. The World Health Organization notes that formal breastfeeding education increases breastfeeding initiation and duration rates (Willumsen 2013). In order to increase African American breastfeeding rates, breastfeeding education has to increase. However, there are some barriers to breastfeeding that cannot be overcome by simply increasing breastfeeding education and support. Because the United States does not offer paid family leave, working mothers are forced to return to work relatively quickly after birth, which makes maintaining breastfeeding difficult (Mirkovic et al. 2016). Black women reported not receiving a breast pump until late in their postpartum period, therefore making it difficult to return to work and continue breastfeeding (Lutenbacher et al 2015). Additionally, Lewallen and Street (2010) found that African American women were uncomfortable pumping at work and were unable to find places to store the breastmilk at work, making formula an easier alternative for the working mother. These factors cannot be fixed by breastfeeding education. The government must address them, as Mirkovic et al. (2016) found that women who received maternity leave were 2.83 times more likely to initiate breastfeeding than women who did not receive maternity leave.

Finally, inequalities in healthcare for African American women may result in lower breastfeeding rates. Evidence suggests that African American women receive poorer prenatal care, which is illustrated in the maternal mortality rate in the United States. Non-Hispanic Black women were approximately 2.7 times more likely to die during childbirth than non-Hispanic White women, with 28.4 non-Hispanic Black women dying per 100,000 births, compared to 10.5 non-Hispanic White women dying per 100,000 births (Child

Health USA 2011). The infant mortality rate also demonstrates that African American women receive poorer prenatal care. The Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set (2015) reports that Non-Hispanic Black babies are 2.2 times more likely to die than non-Hispanic White babies are. The infant mortality rate for Non-Hispanic Black babies is 11.1 per 1,000 births, compared to 5.1 per 1,000 births for non-Hispanic White babies. In addition, Johnson et al. (2015) found that African American mothers experienced disparities in health care regarding breastfeeding. Because of this finding, along with higher maternal and infant mortality rates for African Americans, there is reason to suspect that African American women may not be receiving adequate encouragement and support for breastfeeding. It is important to look at African American mothers' interpretations of their healthcare providers to determine if there is a perceived lack of breastfeeding support from healthcare providers and if this contributes to low breastfeeding rates among African American women.

Thus, this research will analyze the experiences of a sample of breastfeeding African American mothers' perceptions of their breastfeeding-related interactions with healthcare providers. How do African American mothers perceive healthcare providers in regards to breastfeeding throughout their pregnancy, birth, and postpartum journey? Do they regard their healthcare providers as supportive of breastfeeding? Although past research has focused on patient-provider interactions as a factor contributing to low breastfeeding rates, fewer studies have focused on the perceptions of African American mothers who breastfeed. Analysis of these mothers' interpretations of their interactions with healthcare providers may provide insight into ways in which healthcare providers can offer breastfeeding advice and information in an influential way to help support breastfeeding. Using an intersectional perspective,

I will investigate the ways in which African American mothers perceive their interactions with their healthcare providers as either helping or hindering their breastfeeding decisions and experiences.

While the literature already includes qualitative studies and studies using the intersectional perspective, this research still contributes to the literature with fresh questions regarding African American mothers and their breastfeeding experiences. In this study, all of the participants had breastfeeding experience. Few studies have aimed at investigating African American mothers' perceptions of breastfeeding support from their healthcare providers, thus allowing this study to contribute to the literature.

## **LITERATURE REVIEW**

Research indicates that African American women breastfeed at lower rates than white women. Health care disparities may be responsible or partially responsible. To start, formula advertising and marketing in hospitals, medical practices, and clinics influences healthcare providers to take a neutral stance on feeding methods (Bentley et al. 2003, Cricco-Lizza 2006). African American women who received free formula packets from their healthcare providers in a Baltimore study were much less likely to breastfeed than mothers who did not receive formula (Bentley et al. 2003). The indifference of healthcare providers can contribute to ambivalence among mothers in regards to feeding. Kaufman et al. (2010) found that African American women are exposed to ambivalence towards breastfeeding at family, community, and institutional levels. Even if healthcare providers verbally promote breastfeeding, by distributing formula in a promotional manner, they create competing messages that can cause confusion and negate their verbal recommendations.

Among low-income African American women, breastfeeding role models may be scarce. Healthcare providers potentially could fulfill this role. A previous study found that African American women greatly valued their doctor's opinion on feeding methods, and were three times more likely to intend to breastfeed if their doctor recommended it (Bentley et al. 1999). Not only did women value their doctors' opinions, but it also played a role in influencing their decision to breastfeed or bottle-feed. Among the women whose doctors recommended breastfeeding, 41.9% intended to breastfeed, compared to 19.2% who intended to formula feed. Comparatively, 74% of women who intended to use formula did not know or care about their doctor's opinion on infant feeding, while

58% who intended to breastfeed did not know or care about their doctor's opinion on infant feeding. Similarly, Johnson et al. (2015) found that African American mothers experienced disparities in health care regarding breastfeeding and were often undermined and discouraged from breastfeeding. The authors recommend that healthcare professionals should provide culturally respectful care to avert from racial bias. Both sets of results demonstrate how healthcare providers can be influential on infant feeding choices. If they more readily advocate for breastfeeding, in a culturally appropriate way, there could be an increase in breastfeeding among African American women.

Not only is the information on breastfeeding provided by healthcare providers crucial, but the way that the information is presented is important as well. Cricco-Lizza (2006) conducted ethnographic research, interviewing 130 Black non-Hispanic Women, Infants, and Children (WIC) participants in the New York metropolitan area. All of the women contributed to the data and were general informants; however, 11 were specifically observed from pregnancy to about one year postpartum. Several women in the study expressed feelings of distrust and anxiety towards nurses and physicians. These women were particularly attuned to the levels of respect and support they were given. They reported a lack of encouragement for breastfeeding throughout their entire pregnancy and even during the birth and recovery period. Although the study participants had attended three different inner-city hospitals, common hospital practices included delayed breastfeeding initiation, formula supplementation, and discharge packets of formula at all three hospitals. These are common hospital practices that are normalized by healthcare professionals and are not supportive of breastfeeding. Cricco-Lizza concluded that nurses should note that women coming from communities where formula feeding is the

norm are more likely in need of education and encouragement on breastfeeding and that nurses should seize the opportunity to offer information.

In another study, Beal et al. (2003) reported similar racial discrepancies in breastfeeding advice, but with a slightly different conclusion. They discovered that African American women who participated in WIC received breastfeeding advice at a rate of 56.6% from their WIC counselors, compared to white women, who received breastfeeding advice at a rate of 64.4% from their WIC counselors. When receiving feeding advice from their WIC counselors, white women reported higher levels of advisement on breastfeeding and lower levels of advisement on formula feeding than African American women. Among all of the women in the study, African American women were much less likely to breastfeed. The authors determined that after controlling for sociodemographic factors, African American and white women received similar advice from medical providers, but that in the WIC setting, the disparities in advice were worrisome, given that women utilizing WIC were of lower income and thus at a greater risk for lower breastfeeding rates. This places African Americans who are active in WIC at particular risk. Kogan et al. (1994) had similar findings, claiming that race is an important factor in the quality of prenatal care, but that other factors contribute similarly, if not more, to a lack of breastfeeding among African Americans. For instance, Kogan determined that women from poorer socioeconomic backgrounds and women who participated in WIC were less likely to report prenatal advice. Although both studies acknowledged that race is not the only factor in determining the quality of health care, they did note that it still plays a role in the treatment of African American women by their healthcare providers.

As stated earlier, nurses may be able to increase breastfeeding rates among African Americans. Women reported that even when they had committed to formula feeding, there were still opportunities for them to be persuaded to breastfeed (Robinson 2011). Nurses often care for the mother before, during, and after birth, and thus have the opportunity to continuously encourage women to breastfeed and to offer both physical and emotional support throughout the journey. It is important to add that Robinson found inconsistent results regarding the healthcare providers' influence on breastfeeding. The author discovered that while the support and encouragement of healthcare providers is influential for some women, it is not for others. Some of the participants valued suggestions, whereas others were set on their feeding intentions and could not be influenced. While it is still important that healthcare providers offer advice and encouragement on breastfeeding, it is necessary to point out that if healthcare providers do increase their support for breastfeeding, it does not automatically mean that all women will be influenced and that breastfeeding rates will completely improve among African Americans.

The theory of intersectionality, or "Analysis claiming that systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization, which shape Black women's experiences and, in turn, are shaped by Black women," serves as a reminder that oppression cannot be diminished to one kind and that injustice is a result of oppressions converging (Hill Collins 299, 18). Intersectionality can be applied to this topic in that African American women may want to breastfeed, but many do not. This does not reflect on them as individuals, but on the oppression that forces such decisions. The combination of gender, race, and potentially class, can intersect, resulting in less African American mothers breastfeeding.



## **METHODS**

Data for this study consist of in-depth qualitative interviews with 22 African American mothers. The women ranged from age 22 to 38, with the average age of 29. Participants were mainly working or middle class, with at least some college education. Only 18% of the sample were single, while the remaining 82% were either married, dating, or cohabitating. Out of the 22 participants, 20 gave birth in hospitals, and 2 gave birth at home with trained midwives. All of the mothers were breastfeeding, although this was not a requirement to participate in the study.

The study required participants to be African American mothers with an infant under the age of one year. Flyers were posted and distributed by maternity and pediatric healthcare providers in a metropolitan area of the southeastern United States. The flyers clarified that the study would focus on infant feeding and that the participant had to be at least 18 years old, African American, and with an infant younger than one year. The research was funded by the University of Central Florida, College of Sciences In-House Grant. Dr. Shannon Carter was the Principle Investigator of the study.

The interviews were in-depth, face-to-face, and were administered by an undergraduate African American research assistant with previous breastfeeding experience of her own. They occurred either in the participants' homes or in semipublic areas, such as at a quiet table in a coffee shop. The interviews lasted from 40 to 80 minutes, with the average lasting just under an hour, at 55 minutes. The dialogue was very relaxed, but followed a semi-structured interview guide. Interviews addressed participants' infant feeding practices, decisions surrounding infant feeding, experiences with their healthcare providers regarding feeding, experiences regarding

feeding at home, and lastly, their perceptions of breastfeeding and formula feeding. Every interview was audio recorded, then transcribed word-for-word, and the participants created their own pseudonyms to be used in publications.

Data analysis focused on the portions of the interviews where participants discussed their interactions with healthcare providers. Participants were asked specifically if their healthcare providers had talked to them about feeding methods during their pregnancy and labor and birth. Additionally, participants were asked how they felt about their healthcare providers throughout labor and birth and if their healthcare providers did anything to prepare them for feeding while they were in labor. They were then asked if their healthcare providers gave assistance with breastfeeding immediately after labor and in the postpartum stage. Questions investigated the nature of the relationship between the participants and their healthcare providers, if the participants felt comfortable asking their healthcare providers questions, and if they felt that their healthcare providers were friendly and there to help. Finally, the participants were asked to interpret their healthcare providers' opinions on breastfeeding and formula and if they felt encouraged and supported overall. If not, they were asked what healthcare providers could do to increase the feelings of encouragement and support surrounding breastfeeding (see Appendix: Infant Feeding Study – Interview Guide).

In the first stage of coding, I organized the data by which time frame was discussed: pregnancy, labor and birth, immediately after birth, and postpartum. To accomplish this, I read each excerpt to look for the time frames in the content of what the participant described, focusing specifically on which interactions participants perceive as promoting or hindering breastfeeding. Relevant information was copied and pasted into a Microsoft Word document. Each time frame had its own Word document. Within each Word

document, I made a list of common themes that emerged from the data. I organized the copied/pasted excerpts within each time frame category by themes that are identified in relation to breastfeeding support. I then made comparisons in the themes within each category of time frame as well as across time frames. At this point, I noticed considerable variable in the postpartum time frame. Given this observation, I conducted closer qualitative analysis of the excerpts in this category. Finally, I created one more Word document to copy/paste excerpts from the interviews of the participant's overall perception of their healthcare providers in regards to helping or hindering breastfeeding.

While reading each excerpt and coding by time frame into Word documents, I was also searching for perceptions of particular healthcare providers, including OB/GYNs, midwives, pediatricians, hospital lactation consultants, hospital nurses, private lactation consultants, and WIC providers. Data were coded into a Microsoft Excel chart by healthcare provider type, to determine if certain healthcare providers were perceived as more supportive than others. If a healthcare provider was not mentioned, it was coded as N/A. If a healthcare provider was mentioned and discussed, they were coded by their approach to infant feeding and whether they promoted breastfeeding, promoted formula, were neutral, or did not mention it.

## RESULTS

The results are organized into three sections. In the first section, I will report the findings of the perceptions of healthcare providers. This section will determine which healthcare providers were perceived to be supportive and which were perceived to not be supportive. The second section will review how supportive healthcare providers were perceived to be during the four time frames: pregnancy, labor and birth, immediately after labor and birth, and postpartum. The third section reviews the postpartum period in detail, examining the similarities and differences between the women's experiences.

### Healthcare Providers

During the coding, it became apparent that each participant used at least one of seven common healthcare providers- OB/GYNs, midwives, hospital nurses, hospital lactation consultants, private lactation consultants, pediatricians, and WIC consultants. Of these providers, private lactation consultants were found to promote breastfeeding the most. Four participants had private lactation consultants and 100% (N=4) promoted breastfeeding. Midwives, hospital lactation consultants, WIC consultants, and hospital nurses were also noticeably supportive of breastfeeding. Among participants who had a midwife as a healthcare provider, 77.8% (N=7 out of 9) reported that their midwives promoted breastfeeding. Not one participant reported that midwives promoted formula. Additionally, of the participants with a hospital lactation consultant, 73.3% (N=11 out of 15) asserted that the hospital lactation consultants promoted breastfeeding. The participants with WIC providers also reported high numbers of breastfeeding promotion, with 71.4%

(N=10 out of 14) claiming so. Finally, among the participants with hospital nurses, 58.8% (N=10 out of 17) promoted breastfeeding (Table 1).

Table 1: Participants' Interpretations of Healthcare Providers' Infant Feeding Promotion

<b>Health Care Provider</b>	<b>Promoted Breastfeeding</b>	<b>Neutral on Breastfeeding</b>	<b>Didn't Mention Feeding</b>	<b>Promoted Formula</b>
OB/GYN (N=18)	33.3% (N=6)	16.7% (N=3)	38.9% (N=7)	11.1% (N=2)
Midwife (N=9)	77.8% (N=7)	-	22.2% (N=2)	-
Hospital Nurse (N=17)	58.8% (N=10)	17.6% (N=3)	17.6% (N=3)	5.9% (N=1)
Hospital Lactation Consultant (N=15)	73.3% (N=11)	13.3% (N=2)	13.3% (N=2)	-
Private Lactation Consultant (N=4)	100% (N=4)	-	-	-
Pediatrician (N=15)	46.7% (N=7)	20% (N=3)	20% (N=3)	13.3% (N=2)
WIC (N=14)	71.4% (N=10)	-	14.3% (N=2)	14.3% (N=2)

OB/GYNs and pediatricians had mixed reviews, and their results varied by participant. For instance, of the participants who mentioned a pediatrician, 46.7% (N=7 out of 15) reported that their pediatrician promoted breastfeeding, 20% (N=3 out of 15) felt that their pediatrician was neutral on feeding methods, an additional 20% (N=3 out of 15) claimed that their pediatrician did not mention

feeding method at all, and 13.3% (N=2 out of 15) felt that their pediatrician promoted formula over breastfeeding. Similar results were found among participants and their interactions with their OB/GYN, demonstrating the vast variety and inequality in women's experiences.

Finally, it is important to note that while both midwives and private lactation consultants were interpreted by participants as predominantly supportive of breastfeeding, not many participants had access to these types of providers. Only 40.9% (N=9 out of 22) of participants had a midwife and only 18.2% (N=4 out of 22) had a private lactation consultant. Additionally, hospital nurses and hospital lactation consultants were noticeably supportive of breastfeeding, but these are temporary healthcare providers. They are providers that women typically have very brief contact with, generally only during the hospital stay. Women encounter nurses during labor and birth and immediately after birth and tend to see a hospital lactation consultant only once during the stay. After women are released from the hospital, their contact typically ceases.

#### Time Frame

Data were also analyzed within four time frames: pregnancy, labor and birth, immediately after birth, and postpartum. Within each time frame identified, common experiences and themes developed regarding healthcare providers and feeding methods.

For pregnancy, several themes emerged. In this time frame, 50% (N=11) of participants reported that their healthcare provider asked about their feeding method and provided support and encouragement for breastfeeding. An additional 9.1% (N=2) claimed their healthcare provider went "above and beyond" to promote breastfeeding. Conversely, 13.6% (N=3) were asked about their planned

feeding method, but the conversation did not go beyond the initial question and 9.1% (N=2) were asked and their healthcare provider affirmed their decision to breastfeed, but again, the conversation did not go beyond the inquiry and affirmation. Another 13.6% (N=3) of participants were not asked about their planned feeding method at all and 4.5% (N=1) felt that their healthcare provider promoted formula (Table 2).

Table 2: Breastfeeding Support from Healthcare Providers during the Pregnancy and Labor and Birth Time Frames

<b>Time Frame</b>	<b>Pregnancy</b>	<b>Labor and Birth</b>
Provider went above and beyond to promote breastfeeding	9.1% (N=2)	-
Provider asked about feeding method, provided breastfeeding support	50% (N=11)	9.1% (N=2)
Provider asked about feeding method, affirmed breastfeeding	9.1% (N=2)	-
Provider asked about feeding method	13.6% (N=3)	63.6% (N=14)
Provider did not asked about feeding method	13.6% (N=3)	18.1% (N=4)
Provider promoted Formula	4.5% (N=1)	-

During labor and birth, there was not much discussion of feeding methods, as only three themes emerged. Of the 22 participants, 63.6% (N=14) claimed that their healthcare provider asked about the feeding method, but did not go beyond the question. Additionally, 18.1% (N=4) of the participants reported that their healthcare provider did not ask about feeding method. Only 9.1% (N=2) reported that their healthcare provider asked about feeding, and then provided support for breastfeeding. An additional 9.1%

(N=2) did not mention their healthcare providers during their discussion of labor and birth (Table 2). Given that labor focuses on birth, rather than feeding, it is not surprising that most of the women were only asked about their feeding method during this time.

Immediately after birth, there was less discussion and more action. Since the baby had arrived, themes emerged regarding participants receiving help with breastfeeding from their healthcare providers. Overall, 68.2% (N=15) were given help with breastfeeding, mainly from nurses and lactation consultants, and 4.5% (N=1) had to ask in order to receive help. On the contrary, 22.7% (N=5) of the participants were not provided any help or assistance with breastfeeding and 4.5% (N=1) did not mention receiving or not receiving help during this time frame.

Table 3: Breastfeeding Support from Healthcare Providers during the Immediately after Birth, and Postpartum Time Frames

<b>Time Frame</b>	<b>Immediately after Birth</b>	<b>Postpartum</b>
Provider gave breastfeeding support	68.2% (N=15)	9.1% (N=2)
Provider was asked for breastfeeding support	4.5% (N=1)	50% (N=11)
Provider did not give breastfeeding support	22.7% (N=5)	27.3% (N=6)
Participant leaned on family or friends instead of their provider for breastfeeding support	-	13.6% (N=3)
Participant leaned on family or friends in addition to their provider for breastfeeding support	-	18.2% (N=4)



Finally, within the postpartum period, 50% (N=11) of the women had to reach out to their healthcare providers for support and 27.3% (N=6) of the participants did not receive postpartum feeding support. Only 9.1% (N=2) were contacted by their healthcare provider for postpartum support (Table 3). Furthermore, 31.8% (N=7) of participants leaned on family/friends for support in addition to or instead of healthcare providers. These results are particularly important. While the participants felt a range of support throughout each time frame, in general, most women received support during their pregnancy, labor and birth, and immediately after birth.

Overall, 72.7% (N=16) of the participants felt that their healthcare provider supported breastfeeding throughout their journey. Only 13.6% (N=3) thought their healthcare provider was neutral, and an additional 13.6% (N=3) thought that their healthcare provider promoted formula feeding overall. However, in the postpartum stage, only three women were provided voluntary support by their healthcare providers and the additional eight that also received postpartum support had to seek it out themselves. These results demonstrate that breastfeeding support is more available prior to the actual stage of breastfeeding. Because some supportive healthcare providers of breastfeeding are in temporary contact with the participants during the birth phase, it is not surprising that eight out of twenty-two women did not receive any postpartum support at all.

### Qualitative Analysis of the Postpartum Period

Due to the overall lack of support from healthcare providers in the postpartum period, this time frame required additional analysis. This section reports the qualitative analysis of each participants' description of this time frame and reports important similarities and differences within and across the themes.

In the postpartum period, the most common occurrence was that women reached out to their healthcare providers for support, at 50% (N=11). While the healthcare provider then offered support, this indicates that it may be viewed as the mother's duty to seek out that assistance. An interesting similarity emerged among participants who reached out to their healthcare providers for support. When most of the participants reached out, they did not necessarily receive helpful support. For example, Michelle said,

... they just tell me to continue breastfeeding. You know, that's what the doctor told me. You know, it's like Woodstock.

Women are fighting rights to wear bras, there's a fight of, no, I mean, to take their bras off or whatever it is. Women fight for the right to breastfeed, so, so he's like, 'Breastfeed' just like that. At one point because I had went to the WIC office like 'give me some milk, I don't want to do this.' And they were like, 'stick to it, just keep breastfeeding.' And I'm like, 'Alriighhtt.'

Michelle's experience with postpartum support shows that multiple healthcare providers did not offer her suggestions or show her new methods, but instead, they simply told her to keep breastfeeding. This was common throughout the data.

Similarly, when the interviewer asked Rose if she had been in contact with any of her healthcare providers, Rose answered, "I went to my pediatrician. He gave me some information about not feeding as much, but as far as latching and stuff like that, no."

Rose's account suggests that the support from her provider was simply verbal. When Lisa described her interactions with her pediatrician in the postpartum period, she said, "... but they never gave me any information either. Like I complained about him spitting up and stuff like that, but they said that he probably had to get used to the formula or just take him off." Lisa's interaction with her pediatrician exemplifies that when participants reached out to their healthcare providers for breastfeeding support, healthcare providers' common response entailed providing "feeding support" to participants without any tips, guidance, or assistance in actual feeding. In Lisa's case, the support was verbal commentary, instructing her to either stop what she was doing or give it more time.

Some participants elaborated that due to a lack of breastfeeding skills among first time mothers, women struggling with breastfeeding need concrete guidance from their healthcare providers on how to breastfeed their babies. Arianna expressed her frustration with a provider that did not provide useful breastfeeding support, claiming,

So I have a lactation consultant through him [the OBGYN]. Even with that though I felt like when I was having issues, the response that I was getting was 'Oh, well keep nursing.' Well that's frustrating when you are having an issue and an infant is screaming his head off and you don't know what you're doing. Because I don't have any relatives here in this area. And my mom had passed away and so it was kind of like there's nobody to call to say 'hey, how do I handle this?' And having someone tell you to 'just keep nursing' isn't really helpful.

Contrastingly, Candy Kane's doctor visits resulted in more useful instructions when the topic of breastfeeding came up. Candy Kane claimed,

She asked me if I was breastfeeding and I said, “Yes.” And she told me “Well, try this.” And I got everything from take a hot shower and then try to feed him. They gave me the nipple shield, which helped... So making sure I eat right, nipple shields, hot showers, and this [pointing out her maternity bra]. I didn’t know how awesome this would be. Yeah, this is the breastfeeding bra and, “Woooooo,” it does wonders.

Candy Kane’s postpartum support consisted of more breastfeeding support than the verbal affirmation of the previous participants. The support was geared towards accessories, like maternity bras and nipple shields, and tips, like hot showers. However, it was more conducive than any other noted postpartum support and it demonstrates that the healthcare provider was trying to be helpful.

Furthermore, 31.8% (N=7) of the participants relied heavily on family and friends for providing breastfeeding support. Once the participant went home and had to conquer the task of breastfeeding on her own, the support from healthcare providers dwindled, resulting in reliance on family. Kim stated,

I think it makes a difference because I had my husband here. So, you know, I will always have that support like, ‘Ok, you’re doing a good job, blah, blah, blah.’ I don’t know what I would have done if I didn’t have that support. Yeah, you definitely need someone being like a cheerleader for you.

Kim’s dependency on her husband’s assistance demonstrates that receiving support was necessary. Without her family, her breastfeeding journey may not have survived.

Additionally, Nikki relied on her mother for postpartum support. The interviewer asks, “Did anyone help you? Or give you any information or advice when you were at home?” Nikki responded,

My mom. I called my mom literally 5 times a week. She’s still in Michigan, so I try to talk to her as much as I can. So with this in the beginning, when I was having the issues with the latching, just any issues I was having, I called my mom and just asked her like, ‘Ok, what do I do? Like what do you think I can do?’ You know, ‘Can you give me some advice? Like, my boob is bigger than her head.’ And my mom is the type of person I guess because she didn’t breastfeed she just tries to make light of the situation, so she was like ‘Oh poor baby, she’s probably scared to death of that big ol’ thing.’

This excerpt demonstrates that participants who turned to friends and family for support often did not receive technical knowledge on how to breastfeed, but instead gained emotional support to keep trying. In the example above, Nikki’s mother provided emotional support that allowed her to persevere and continue breastfeeding, even when she was having latching issues or feeling disheartened. Her mom’s sense of humor would cheer her up and her advice helped Nikki continue breastfeeding.

Another participant, Lauren, also relied on her mother. She said,

I got home and I was like so exhausted. Every cry was like ‘I’m hungry’ cry, I was like ‘oh my gosh I just feel like a milk truck.’ Those are legitimate feelings. And I was like I love my baby, but I don’t know if I can continue to do this. But my mom was a huge advocate. She was like, ‘no, just know that benefits you’re giving her. It’s so awesome that you can do this, you can do this.’ And so I had a good support system. I think if I was by myself at home, and it was just me and her, and I had no

team—she would probably be on formula right now. And I didn't want that, but it was because of my support system that I could rely on that to kind of push through it. Cuz I was kind of like, 'y'all don't understand, this hurts.'

Lauren's experience with breastfeeding at home demonstrates her struggle through the postpartum period and her reliance on family support in order to persevere. She indicates that without that support system, she would most likely no longer be breastfeeding and instead be using formula.

Of the six women who received no breastfeeding support during the postpartum period, four gave very brief answers when they were questioned on their postpartum support. For instance, Serena was asked by the interviewer, "Did you have to contact anyone like the nurse, the pediatrician, lactation professional after you got home? Like did you need any help or anything?" to which Serena replied, "No." Similarly, when asked the same question, Samantha also just replied "No."

Mandy, one of the women who gave a lengthier answer when asked if she received any support, replied, "No. I think because I had the first experience [breastfeeding a previous child] I think I was comfortable with it." Mandy's nonchalant, justified answer, along with Serena and Samantha's brief answers, suggest that the women in this theme may be unconcerned with their lack of postpartum breastfeeding support, as none expressed anger or frustration. This suggests that these participants may not have expected postpartum breastfeeding support from healthcare providers.

Finally, the least common response from participants was that a healthcare provider reached out to them to provide support, at 9.1% (N=2). However, when looking closer at the two responses given, neither of the women received postpartum support directly in

relation to breastfeeding. Lauren's postpartum support was due to medicine. Lauren said, "After I gave birth she [the doula] stayed for an hour and then she left... she came to see me two or three days later to give me my pills." Then when asked if she had contact with her lactation consultant, she responded, "No." Melissa's postpartum support from a healthcare provider who reached out to her was more of general check-up. When asked if she had any contact with a healthcare provider since she left the hospital, she answered, "The nurses actually called twice to check from the OB area, outside of my close friend [who was a nurse], to just make sure that everything was ok, and if I had any other questions, that kind of thing." Thus, although these two participants had healthcare providers reach out to them during the postpartum period, the providers did not offer breastfeeding support.

Based on the analysis of the postpartum period, participants received little breastfeeding support from healthcare providers during the postpartum period. Further, based on their reports, it appears that many of the women did not expect postpartum support from their healthcare providers. Those who did reach out to healthcare providers for breastfeeding support were often told to "keep breastfeeding." Actual suggestions to improve their breastfeeding technique were rare.

## **DISCUSSION AND CONCLUSIONS**

This study examined in-depth interview data with twenty-two African American mothers to identify their perceptions of breastfeeding support from their healthcare providers during their reproductive journeys. Overall, the majority of the participants felt that their healthcare providers supported breastfeeding during their experience; however, despite this perception, their narratives suggested a lack of practical breastfeeding support, especially during the postpartum period. This time frame produced an array of answers, revealing the range of experiences women face with healthcare providers that portray a general lack of breastfeeding assistance. This discovery is particularly important, given that the postpartum time frame is when women are actually breastfeeding and therefore may be most in need of assistance. While preparation may be one important factor, it might be futile for some if there is no follow through during the actual physical experience, when unexpected problems can arise. This lack of postpartum support could result in lower breastfeeding rates. One possible solution is that common healthcare providers that have long-term contact with their patients, such as OB/GYNs and pediatricians, are consistently supportive of breastfeeding so that women can receive feeding support in the time that they need it most – the postpartum period.

In addition, the narratives suggest that some participants generally did not expect breastfeeding support from healthcare providers. Of the participants who did not receive any postpartum breastfeeding support, they expressed no signs of frustration or anger at their lack of support. Among those who reached out to their providers, none suggested it to be problematic or burdensome that it was their responsibility to seek out support. This finding may provide more insight into how breastfeeding, especially for first-



time mothers, can be extremely difficult (Phillips 2011). While breastfeeding is natural, it is not necessarily a natural skill. Mothers are not born knowing how to do it; instead, it is a skill that must be learned and practiced. Without the support of their healthcare providers, and without the expectation that healthcare providers should offer assistance automatically, women are vulnerable to terminating breastfeeding early. As the World Health Organization points out, formal breastfeeding education increases breastfeeding imitation and duration rates (Willumsen 2013). This is why breastfeeding education is so important for new mothers that do not possess breastfeeding knowledge.

Additionally, the lack of expectation for breastfeeding support can be further explained by intersectionality. Using this theory, systems of race, social class, gender, and age shape Black women's experiences and, in turn, are shaped by Black women (Hill Collins). For instance, the participants in this study could have received no postpartum breastfeeding support due to their race, class, gender, and/or age. Then, in turn, their lack of expectation to receive support reinforces healthcare providers and their minimal support.

The analysis also revealed that the postpartum breastfeeding support that many participants received was not helpful in regards to the problems that arose during breastfeeding. The assistance given by the providers was often simply verbal and encouraging, such as "keep breastfeeding," instead of offering tips and advice to make breastfeeding more successful and less challenging, such as latching techniques or holding positions.

While some participants relied on family or friends during their times of need for breastfeeding support, it is important to note that much of that support was emotional support, not technical support. Because African American mothers breastfeed at lower rates than other racial and ethnic groups, new African American breastfeeding mothers may be unable to turn to family or friends for technical breastfeeding advice due to a lack of experience (Lewallen and Street 2010). This means that healthcare providers can be a valuable resource to African American mothers who wish to breastfeed. As healthcare providers have extended contact with pregnant women and new mothers, they can use their role to promote breastfeeding during pregnancy and to provide support for breastfeeding to new mothers who are experiencing difficulties.

Because the sample presented in this research mainly consists of middle class African Americans, future research could compare or contrast this sample and the results to a similar sample of middle class whites to analyze the perceptions of breastfeeding support by racial groups, when class is controlled. Additionally, the results could be compared or contrasted to other African American mothers, such as those who are poor or more clearly working class, to analyze perceptions in breastfeeding support across class, but within the racial group. Finally, future studies could also examine potential overlaps of breastfeeding support from certain healthcare providers. For instance, in this study, four out of twenty-two participants had private lactation consultants, and nine out of twenty-two participants had midwives. These two healthcare providers were noted as the most supportive of breastfeeding. Are there some participants that had both a private lactation consultant and a midwife? Are there some participants that only had OB/GYNs, the least supportive healthcare provider of breastfeeding? Did they receive less encouragement to breastfeed, compared to participants that

had providers like midwives? Did participants with midwives and private lactation consultants receive double the support? These questions could provide more insight on the range, influence, and importance of specific healthcare providers' support of breastfeeding.

**APPENDIX: INFANT FEEDING STUDY – INTERVIEW GUIDE**

## **Infant Feeding Study – Interview Guide**

First I want to verify that I have given you a copy of the Informed Consent Form.

- You agree to the interview?
- I want to remind you that you do not have to answer any questions you don't want to, and you can end the interview at any time. Ok?

### **Introduction**

We are interested in infant feeding. To start, what are you feeding your baby?

- Is that exclusive, or are you feeding him/her anything else?

Have you always fed him/her (breast milk/ formula/ etc.) ?

If formula, what kind? Why that kind? Did you ever try any other kinds?

### **Decisions About Feeding**

I'd like to talk a little bit about how you came to the decision to feed your baby (breast milk/ formula/ etc.) .

When did you first start thinking about what to feed your baby?

Let's talk more about that. What made you decide to feed him/her (breast milk/ formula/ etc.) ?

- Did you talk to anybody about what you would feed him/her?

- What did s/he say?
  - How did you feel about what they had to say?
- We know that people like giving pregnant women lots of advice about pregnancy and caring for children. Did anyone give you advice about what to feed him/her while you were pregnant?
  - What did they say?
  - How did you feel about what they had to say?
- Did you read any books or websites or anything like that to help you decide what to feed him/her?
  - What did they say?
  - How did you feel about what they had to say?
- Did any of your healthcare providers talk to you about what to feed your baby? Like your OB or midwife, any nurses, or anybody like that?
  - What did they say?
  - How did you feel about what they had to say?
- Did you take a class to help you prepare to give birth? (If yes,) Did they talk about what to feed your baby at all in the class?
  - What did they say?

- How did you feel about what they had to say?
- Did you ever meet with a lactation counselor when you were deciding what to feed your baby?
  - What did they say?
  - How did you feel about what they had to say?
- Did any of these interactions change your ideas about what to feed your baby?

After you made the initial decision to feed your baby (breast milk/ formula/ etc.), did you have to do anything to prepare for feeding? Like, were there any supplies or anything that you bought?

- Did you seek out more information at that point, or did anyone talk to you about feeding your baby after you made the decision? What were those conversations like?

### **Feeding Experiences in the Hospital or Birth Center**

I'd like to talk now about your experiences feeding your baby. First, can you tell me a little bit about your birth experience?

- Was it a vaginal birth or a cesarean?
- Who was there when your baby was born?
- How did you feel about your healthcare providers throughout your labor and birth?

- From the time you went to the hospital to give birth, did anyone ask you how you were planning to feed your baby or talk to you about feeding your baby at that point?
- Did they (healthcare providers) do anything to prepare for feeding your baby while you were in labor?

So tell me what happened when your baby was first born.

- Did you hold the baby, or did the baby go somewhere else?

When was the first time your baby was fed?

- Tell me more about that. Who was the first person to feed your baby?
- (If participant) Did anybody help you?
- Did anybody give you any kind of information or advice about feeding your baby at that point?
- How did you know what to do to feed your baby?

What was your experience like while you were in the hospital, with regard to feeding your baby?

- Did you feed your baby every time, or did somebody else feed her/him?
  - o What was that like for you?

What about the healthcare providers who helped you with feeding your baby.



- What was your relationship like?
- Did you feel uncomfortable asking questions?
- Did you feel like they were friendly? Like they were there to help?
- What were their characteristics, were they women or men? What was their race or ethnicity?

Did you receive any formula from anyone when you were pregnant or when you gave birth? For example, from your OB or pediatrician? Did you receive any in the mail?

How did you feel about that?

### **Feeding Experiences at Home**

Let's talk about your experiences feeding your baby after you came home from the hospital. What was feeding like once you got home?

- Did anybody help you? Give you any kind of information or advice about feeding your baby after you got home?

Have you had any contact with any healthcare professionals since you've returned home from the hospital? Pediatrician? OB? Nurse?

Lactation professional?

- Have they spoke with you at all about feeding your baby?
- What were these interactions like?

## **Perceptions of Breastfeeding**

Now I'd like to talk a little bit about different ways to feed babies. So let's start with breastfeeding.

What do you think about breastfeeding overall?

What do you think about mothers who breastfeed?

What do you think are some advantages of breastfeeding?

What do you think are some disadvantages of breastfeeding?

What do you think your healthcare providers think about breastfeeding?

- Do you feel like they encouraged you to breastfeed?
- Do you feel like they provided you with adequate support for breastfeeding?
- Do you think there is anything else they could have done to encourage you to breastfeed or to support you in breastfeeding?

In Florida and the United States as a whole, research shows that African American mothers are less likely to breastfeed than white or Hispanic mothers. Why do you think this is?

- If it were your job to increase breastfeeding among African American mothers, what would you do?

- Are there any kind of public policies that you think would increase breastfeeding among African Americans, or hospital practices?

### **Perceptions of Formula Feeding**

Let's talk now about formula feeding.

What do you think about formula feeding overall?

What do you think about mothers who formula feed?

What do you think are some advantages of formula feeding?

What do you think are some disadvantages of formula feeding?

What do you think your healthcare providers think about formula feeding?

- Do you feel like they encouraged you to formula feed?

Did any of your healthcare providers ever give you any formula?

### **Demographic Information**

Next I just have some demographic questions.

How old are you?

Were you born in the United States?

- Were your parents born in the United States?

Are you originally from the Orlando/Central Florida region?

What is your relationship to the father of your child?

- Are you married, living together, divorced, never been married?

Are you currently in a relationship? Married, dating?

What is the highest level of education that you have completed?

- Less than high school diploma, high school diploma, some college but no degree, Associate's degree, Bachelor's degree, Master's degree, Doctorate degree
- If degree, what field is your degree in? Where is it from?

What about the father of your child? What is the highest level of education that he has completed?

- Less than high school diploma, high school diploma, some college but no degree, Associate's degree, Bachelor's degree, Master's degree, Doctorate degree
- If degree, what field is his degree in? Where is it from?

Are you currently employed? What kind of work do you do? How long have you been doing that?

Throughout your pregnancy and early postpartum, did you have health insurance? (If yes) was it private insurance, Medicaid or something else?

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