SAVING TOMORROW TODAY
An African American Breastfeeding Blueprint

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African American Blueprint for Breastfeeding

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Introduction

Saving Tomorrow Today
Kimarie Bugg, DNP, MPH, IBCLC
President/CEO and Change Leader
Reaching Our Sisters Everywhere, Inc (ROSE)

“We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action.” — Martin Luther King Jr.

The staff and Board of Directors of Reaching Our Sisters Everywhere are grateful for the opportunity afforded to us by the W. K. Kellogg Foundation to develop an African American Breastfeeding Blueprint. In doing so, we endeavoured to analyze, interpret and disseminate information on the challenges and gaps of breastfeeding initiation and duration in the African American community and to identify resources across the nation that are working to make a difference. Along with our partner, HealthConnect One, we explored current research, spent time actively listening to and talking with our community, researchers, healthcare providers and breastfeeding women to gather data on what is actually happening in our community with breastfeeding initiation and duration. Ultimately, our goal was to learn what we can do to add to the continuing positive upward trend of initiation and how can we impact duration in our community. We firmly believe that knowing is the beginning of doing better.

Stakeholders shared data, resources, and personal experiences, all of which was considered and incorporated into this document. This process led to many more questions. Mostly these questions were about the gross lack of a coordinated collaborative response to move the needle forward. A response that must include the vast amount of science available which proves that breastfeeding is unequivocally important to our health, nutrition, economic and emotional wellbeing. Therefore policies need to be enacted to ensure that breastfeeding is protected in all communities. Then we must ensure that the practice of these policies is adopted by all sectors that serve childbearing families. We hope that you—our community of mothers, families, lactation support providers, healthcare providers, researchers and public health practitioners—will unpack your implicit bias and work with us to achieve health equity through breastfeeding by first respecting the lived experiences of our mothers and their families. We must do the work to alleviate stressors such as poverty and racism, and inspire comprehensive healing in the marginalized communities we serve. The rates of African American women and babies disproportionately dying during childbirth and the first year of life has gone up in recent years despite the resources being thrown at the problem. We are accountable for the individuals in this country that are prematurely dying from targeted institutional and systematic racism. A wise person once said, “If you’re not part of the solution, your part of the problem”. Become a part of the solution and get involved with your state’s Perinatal Quality Collaborative and the United States Breastfeeding Committee (USBC), who are doing the work to incorporate inclusion, diversity and equity into everything they do so that all families have the resources available to make an informed choice about infant feeding.
All who care about diversity, equity and inclusion understand that these values enhance our strength and serve as the essence of the change we intend to catalyze. You cannot transform what you do not engage. We must continue to do the work to eliminate unfair and unjust practices that inhibit our work to increase breastfeeding initiation and duration in the African American community. Our community needs information on the importance of breastfeeding along with a set of skills on how to make it work, and inspiration to achieve breastfeeding equity. Join these collaborative breastfeeding advocates and help to be a catalyst to make some needed changes. Expand your circle of knowledge and practice, keeping the First Food theme at the forefront, and get into these rooms (including webinars) where policies are being addressed and developed. Lactation support leaders set the tone for a mindset for a culture of professional accountability. Use the information gathered in this document to help you become a better practitioner who works to ensure breastfeeding equity for all.
Acknowledgements

We would like to thank the diverse group of stakeholders that participated in the process of developing this blueprint. This included all of those individuals who provided input through listening sessions, surveys and key informant interviews. We would also like to extend a special thank you to the ROSE staff, Board of Directors, and Community Transformers.

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Blueprint Development Team
Kimarie Bugg, DNP, MPH, IBCLC
President/CEO and Change Leader, Reaching Our Sisters Everywhere, Inc (ROSE)
Content Developer

Andrea Serano, CLC, IBCLC
Program Director, ROSE
Content Developer

Sadie Wych, MPH
Program Manager, HealthConnect One®
Data/Evaluation

Termeh Feinberg, PhD, MPH
Consultant

Sahira Long, MD, IBCLC, FAAP, FABM
Board of Directors, ROSE
Editor

Gregory Long,
Wisdom Council, Reaching Our Brothers Everywhere
Graphic Designer
Sustaining a Movement

Breastfeeding is well established by research as the optimal nutrition for infants.\(^1\) Eliminating disparities in breastfeeding initiation and duration requires that systems of oppression and privilege at systemic, institutional and internal levels be addressed and eradicated. The fullest opportunity to breastfeed has not been afforded to African American families. Breastfeeding is considered to be an individual choice made by mothers and families, however, the ability to make an informed choice has been extremely difficult due to structural barriers. The foundation of the current African American breastfeeding movement is based on the ancestral norms of babies being nursed and nourished by breast milk across the African continent. The ancestry of this life-sustaining first food practice has always been the tradition for growing families.

Over the past decade, increased attention has been focused on trying to narrow the gap in breastfeeding between African Americans and other ethnicities. This movement to increase breastfeeding (also called “first food”) has been spearheaded at the grassroots level by dedicated leaders working on the ground, deeply rooted in their communities. The work of lactation support within communities of color has continued to move forward with grassroots approaches. Leaders in African American communities are passionately working to encourage, protect, promote and support breastfeeding and to equip women with the skills needed to succeed. This crucial work mostly goes unnoticed, unrecognized and under-resourced.

The work involved in this movement confronts the systematic oppression that has induced barriers to successful breastfeeding journeys for African American women. These barriers include, but are not limited to:

1. the predatory marketing of breast milk substitutes in African American communities;
2. inadequate access to quality lactation support and services; and
3. insufficient local, state, and national policies to address the social determinants of health.\(^2\)

All of the aforementioned barriers are rooted in systemic racism and serve to maintain inequities. African American women have always breastfed. As described by the W. K. Kellogg Foundation in the “Growing a First Food Movement” video, there was a period in the United States when only 22% of women breastfed. Whereas the African American community historically breastfed their own children, as marketing of a substitute gained traction, a direct impact was seen on breastfeeding rates.\(^3\) Unfortunately, it has been hardest to overcome this impact in the groups of people who suffered at the hands of their oppressors for the decreased productivity noted immediately after childbirth during times of slavery. These women often had to forego breastfeeding their own babies while being forced to serve as wet nurses.

Much of the African American breastfeeding movement has operated in the most important space, from within the community. As the United States began its steps to re-center breastfeeding in communities, the formal development of a breastfeeding field was (and still is) largely dominated by White women and did not address the unique concerns of African American women. A large majority of the breastfeeding education in the African American community has come from the Special Suplemental Nutrition Program for Women, Infants and Children (WIC). The WIC peer counselor program has been instrumental in moving the African American breastfeeding initiation rate in a positive direction.
Organizations that specifically focus on African American breastfeeding and are leading this movement have emerged with national recognition such as Reaching Our Sisters Everywhere, Inc. (ROSE) in Atlanta and Black Mothers Breastfeeding Association (BMBFA) in Detroit. A few other organizations that have a local focus are the African American Breastfeeding Network (AABN) in Milwaukee, the Indiana Black Breastfeeding Coalition and the Pittsburgh Black Breastfeeding Circle. There are many others throughout the nation, in places such as Washington, DC, Cincinnati Ohio, Tampa Florida, Oakland and Los Angeles California. The success of these organizations is largely due to the fact that they are led by African American women, serving their community. In 2012 ROSE hosted its first African American Breastfeeding Summit. Since then, this unique event has been held annually and serves as a foundation for movement building. It has served as a key platform for not only lifting the voices of those that are fighting for health equity in their communities but also highlighting their successes. This summit brings together a wide audience of community health workers, researchers, federal and state government agencies, healthcare providers, community based organizations, mothers and families. Key informant discussion at the 2018 African American Breastfeeding Summit about the breastfeeding landscape identified a key topic: African American women do not see enough images that are reflective of themselves. It was discussed that images of breastfeeding African American families should be displayed in doctors’ offices, advertising, social media, and entertainment. Additionally, women in the South indicated that they had difficulty identifying places for local breastfeeding support.

Social media is a key tool in normalizing breastfeeding, increasing imagery and offering a space for breastfeeding support among the African American community. A number of campaigns have emerged such as the Blactavist, Black Women Do Breastfeed (2010) and Black Breastfeeding Week (2013).

The Breastfeeding Blueprint takes this opportunity to recognize the named and nameless builders of the African American breastfeeding movement. Their work and contributions have had a significant impact on breastfeeding and birth. It is also influencing the change leaders of today. The Breastfeeding Blueprint also recognizes the U.S. Department of Health and Human Services’ Office on Women’s Health and their development and launch of the It’s Only Natural campaign, a national resource informed by and created to improve breastfeeding rates among African American families. It will take continued, dedicated effort and coordinated work from the grassroots to the tree tops to sustain the momentum that has been building to achieve equity in breastfeeding and overall health for all.

Data on breastfeeding rates was used to highlight the advances made through this movement and also to identify areas that require more attention moving forward.

Data Sources

Breastfeeding rates used for this report covers 2009-2015 data from Pregnancy Risk Assessment Monitoring System (PRAMS). This survey (administered in 36 states) contacts new mothers 3-6 months after giving birth and asks them about their behaviors and experience around the time of birth. Other quantitative data that was utilized for this report includes breastfeeding statistics made available by the Centers for Disease Control and Prevention (CDC). Qualitative data was gathered through numerous listening sessions, key informant interviews and an organizational survey.

Breastfeeding Rates

Table 1. Non-Hispanic Black Breastfeeding Behaviors, 2009 Births Compared to 2015 Births

<table>
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<tbody>
<tr>
<td>Breastfeeding Initiation</td>
<td>60.7</td>
<td>69.4</td>
<td>+8.7 (14.3)</td>
<td>≥81.9*</td>
<td>−12.5 (15.3)</td>
</tr>
<tr>
<td>Breastfeeding to 6 months</td>
<td>33.4</td>
<td>44.7</td>
<td>+11.3 (33.8)</td>
<td>≥60.6</td>
<td>−15.9 (26.2)</td>
</tr>
<tr>
<td>Breastfeeding to 12 months</td>
<td>15.9</td>
<td>24.0</td>
<td>+8.1 (50.9)</td>
<td>≥34.1*</td>
<td>−10.1 (29.6)</td>
</tr>
<tr>
<td>Exclusive Breastfeeding to 3 months</td>
<td>24.2</td>
<td>36.0</td>
<td>+11.8 (48.8)</td>
<td>≥46.2*</td>
<td>−10.2 (22.1)</td>
</tr>
<tr>
<td>Exclusive Breastfeeding to 6 months</td>
<td>10.7</td>
<td>17.2</td>
<td>+6.5 (60.7)</td>
<td>≥25.5</td>
<td>−8.3 (32.5)</td>
</tr>
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Source: CDC National Immunization Survey

*U.S. National rate met Healthy People 2020 Objective goal

The good news is that breastfeeding is on the rise! Among infants born from 2009 to 2015 there has been a steady increase in breastfeeding rates across all indicators for African American mothers, but these rates are still below the overall national rates and do not meet the desired outcomes established for the Healthy People 2020 objectives. The national rates have been met for certain HP 2020 objectives* but disparities persist between races, which indicates that more specific investment is needed for African American mothers.
INITIATION: How Many African American Women Start Breastfeeding Their Infants?

Figure 1. The Percent of Women Who Started Breastfeeding Their Infants, 2009-2015, By Race/Ethnicity

Significant strides have been to increase the percentage of African American women who initiate breastfeeding since 2009 but inequities still persist in comparison with all other groups and the rates are still well below the HP2020 goal.

Source: PRAMS data, 2009-2015
Figure 2. The Percent of Women Who Started Breastfeeding Their Infants, 2009-2015, By Race/Ethnicity and Income Level

Source: PRAMS data, 2009-2015

Large differences exist among low income women between African American women and other races/ethnic groups while minimal differences exist for high income women across races/ethnic groups. Overall, based on CDC NIS data, among births to African American women in 2015, the HP2020 breastfeeding initiation goal still was not met. With nearly 66% of African American women in the U.S. classified as low-income, this is an important group to focus on for improving breastfeeding in order to achieve the HP2020 goal.4

In the West and Northeast regions there are minimal differences in initiation between African American women and all women. However, in the Midwest and South the gap is significant. Regional differences in policies and programs may contribute to this large discrepancy and should, therefore, be explored.
Figure 4. The Percent of Women Who Started Breastfeeding Their Infants, 2009-2015, By Race/Ethnicity and Education

Source: PRAMS data, 2009-2015

As education increases, the gap in breastfeeding rates narrows between African American women and all women.
DURATION: How Long Do African American Women Breastfeed Their Infants?

Figure 5. Breastfeeding Duration Among Women Who Started Breastfeeding, 2009-2015 Combined, By Race/Ethnicity, at 4 weeks

Source: PRAMS data, 2009-2015

The first weeks postpartum are important for the establishment of breastfeeding. Even within four weeks the differences in breastfeeding across race vary, but it is important to note that many women of all races who initiated breastfeeding have already stopped. This signifies that there are barriers in this time frame and that mothers of all races are not getting the support they need to overcome these obstacles.

Figure 6. Breastfeeding Duration Among Women Who Started Breastfeeding, 2009-2015 Combined, By Race/Ethnicity, at 12 weeks

Between birth and twelve weeks postpartum, there are two important periods of time when breastfeeding rates decrease. The first one is during the first five weeks and there is another large drop between eight and nine weeks. These periods of time need to be examined further to understand the barriers women face in continuing to breastfeed during these time periods. Maternity leave policies most likely have a big influence on breastfeeding rates.

Source: PRAMS data, 2009-2015
Figure 7. Breastfeeding Duration Among African American Women Who Started Breastfeeding, 2009-2015 Combined, By Region, at 12 weeks

The discrepancies across regions among African Americans persist through the first 3 months (12 weeks) of breastfeeding. Across regions, there is noted a trend of two significant time periods where there is a steep drop in the percentages.

Source: PRAMS data, 2009-2015
**DURATION: What Stands in the Way of Continuing Breastfeeding for Black Women? Top 4 Reasons**

Figure 8. Top 4 Reasons Women Gave for Why They Stopped Breastfeeding, 2009-2015 Combined by Race/Ethnicity

The top four reasons why women of all races/ethnicities gave for stopping breastfeeding are challenges that could be addressed with anticipatory guidance and regular breastfeeding support. In order for women to meet their breastfeeding goals, they need to be supported in the pre-conception period, during pregnancy, during birth, early in the postpartum period, after discharge from the birth facility, and during significant transitions such as returning to work or school.

Source: PRAMS data, 2009-2015
EXCLUSIVITY: How Long Do African American/Black Women Feed Their Infants Only Breast Milk?

Figure 9. Exclusive Breastfeeding Percentage at Weeks 12+ among U.S. Women by Region, 2009-2011

Source: PRAMS data, 2009-2011

Unfortunately, all women are well below the HP2020 goal for exclusive breastfeeding at 3 months and African American/Black women have the lowest rates. On a high note, the West region has the highest exclusive breastfeeding rates, and African American/Black women in the West surpass all women in other regions. State initiatives such as in California⁶ can provide examples of policies and systems change that can have a positive impact on exclusive breastfeeding rates.

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⁶ https://www.cdph.ca.gov/Programs/CFH/DMCAH/NUPA/Pages/Systems-and-Environmental-Change.aspx#breastfeeding/
EXCLUSIVITY: How Long Do African American/Black Women Feed Their Infants Only Breast Milk?

Figure 10. Exclusive Breastfeeding in the U.S., Months 1-6, 2009-2011

Source: PRAMS data, 2009-2011

Sadly, very few women of any ethnicity in the U.S. are reaching 6 months of exclusive breastfeeding. This is the recommended duration of exclusive breastfeeding put forth by most, if not all, major medical professional organizations, including the American Academy of Pediatrics.⁷

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⁷ American Academy of Pediatrics Section on Breastfeeding. “Breastfeeding and the use of human milk (policy statement).” Pediatrics; originally published online February 27, 2012; DOI: 10.1542/peds.2011-3552
What Are African American/Black Women’s Experiences with Racial Discrimination and Stress around Birth?

Figure 11. U.S. Women Upset by Racial Discrimination within 12 months of Birth, by Race/Ethnicity, 2009-2015 Combined

Source: PRAMS data, 2009-2015

Figure 12. Difference in Average # Stresses 12 months before baby among African American/Black and U.S. Women, 2009-2015 Combined

Source: PRAMS data, 2009-2015

African American/Black women face statistically significant higher stress levels and racial discrimination than Non-Black Women. Stress is associated with shorter duration and of any exclusive breastfeeding.¹

Nationally, over the past several years we have seen a steady increase in indicators of breastfeeding support, coupled with increased breastfeeding rates. Activities that have aimed at supporting breastfeeding families such as the Baby-Friendly Hospital Initiative and increasing the number of lactation support providers of color by organizations such as the National Association of Professional and Peer Lactation Supporters of Color (NAPPLSC), seem to have contributed to a continued increase in breastfeeding rates. Although this is great news for the nation as a whole, the gap between breastfeeding among African American mothers and other ethnicities persists. In order to work towards equity in breastfeeding for African American families, additional investment must be made to mitigate the institutional and structural barriers faced.

In the United States, the organizations that built the professionalized lactation provider field have been historically white therefore, these providers may not be equipped to meet the breastfeeding support needs of African American mothers. IBCLCs (especially IBCLCs of color) may not be available to African American breastfeeding families in many communities.

More detailed information and data collection is needed to fully understand the experience of receiving (or not receiving) breastfeeding services for African American women. Key considerations for the impact of breastfeeding support providers are availability, accessibility, quality, and acceptability. Some key questions that must be asked include:

- Are breastfeeding support services available to African American women or are they living in first food deserts? Are services available during important breastfeeding phases such as returning to work?
- Are the breastfeeding support services accessible? Are they in a convenient location to families of color? Are they covered by insurance?
- Are the breastfeeding support services of high quality? Is the family getting evidence-based messages from providers? Are families getting the right type of breastfeeding services based on their need?
- Are they culturally acceptable? Do the lactation support providers look like, talk like and understand the experiences of African American families?
Recommendations

This landscape assessment of breastfeeding focused on African American families provides a plethora of strategies that ARE WORKING to increase breastfeeding rates. Huge strides have been made through grassroots, community organizing and movement building. This breastfeeding movement has significant strengths because it has been spearheaded by passionate advocates that are fervently invested in advancing the health of African American communities. These great assets across the country need to be leveraged with a bigger investment, expanding the community level work that has been happening for generations.

The following are a set of recommendations that can help to advance equity in the breastfeeding field.

PROGRAMS & INITIATIVES

- Continue to train breastfeeding support providers of color across the spectrum of care, while still recognizing the importance of peer-to-peer support.
  - Ex: Bosom Buddies (Indiana Black Breastfeeding Coalition), Sister Friends (Birthing Project), Community Transformers (ROSE)
- Implement community-centered, culturally relevant mother-to-mother breastfeeding support clubs.
  - Ex: Black Breastfeeding Clubs (BMBFA), Brown Baby Brigade, BSTARS
- Establish fatherhood engagement initiatives that train and include men as breastfeeding support resources for their families, father and communities.
  - Ex: Reaching Our Brothers Everywhere (ROBE), Fathers Uplift
- Establish initiatives that foster the engagement of grandparents and other family members as support resources for breastfeeding persons.
  - Ex: Grandmothers Tea Project
- Broaden the establishment of cultural coalitions that connect healthcare providers and the community to local information and resources.
  - Ex: Pittsburgh Black Breastfeeding Circle
- Establish a method for formally collecting and sharing a repertoire of stories from families within our communities.
  - Ex: Black Moms Blog, We Rise: African American Breastfeeding Journal
- Pursue initiatives with linkages between public health and institutions of higher education.
  - Ex: Black Breastfeeding Center of Excellence
- Create Baby/Family Friendly places of worship to include spaces that are welcoming and supportive of expectant and breastfeeding families.
- Establish lactation/maternal support provider programs within places of worship which will enable and sustain community-based services provided within the faith-based community.

POLICY

- Support of federal policies that will ease the burden on African American families and provide a more equitable opportunity to breastfeed like the Supporting Working Moms Act.
- Policies that would increase access to lactation providers such as breastfeeding peer counselors, doulas, IBCLCs of color by making training, fair pay and reimbursement available to African Americans.
- Other policies recognized as important are childcare breastfeeding policies, workplace policies and policies that prioritize equity initiatives.
DATA

Stakeholders were troubled by the lack of breastfeeding data available to inform local policy and program decisions. Most of the available data is national and state level data that is released as quickly as possible but there is often a lag time of two to three years. This makes it difficult to use it to assess the real-time impact of policies and programs. Based on the data that was analyzed, it is clear that breastfeeding outcomes differ not only by race/ethnicity but also significantly by region, income and education level. More investigation into the variations of each of these factors is necessary to get the full picture. Accurate and timely data is necessary to inform decision making around resource distribution. The following data point are of particular interest:

- Zip Code level data on breastfeeding;
- Number, type, and race/ethnicity of breastfeeding support providers; and
- Data on breastfeeding and providing mother’s own milk and the use of donor milk in the Neonatal Intensive Care Unit setting.

It is recommended that a comprehensive data collection system be implemented which routinely analyzes and disseminates African American breastfeeding data. An excellent example of implementing improvements in data collection is the Breastfeeding Initiative of the California Department of Public Health which analyzes and publishes breastfeeding rates by hospital, county, and the state.

COMMUNITY

At the core of all the mentioned recommendations is the importance of the community. Community Stakeholders continue to elevate the concerns of the inequitable distribution of resources and funding opportunities. It is imperative that the community is actively involved in the development, planning, and implementation process of any initiatives and/or programs. Moreover, Community Stakeholders should be compensated for their expertise and time spent providing relevant input and guidance on strategies to successfully support the needs of the community.
Resources

Racial Equity Resources
American Academy of Pediatrics *Racism and Its Impact on Child and Adolescent Health* Policy Statement
https://pediatrics.aappublications.org/content/144/2/e20191765

Race Forward Racial Equity Impact Assessment Toolkit


General Breastfeeding Resources
American Academy of Pediatrics *Breastfeeding and the Use of Human Milk* Policy Statement
https://pediatrics.aappublications.org/content/129/3/e827

Center for Social Inclusion *Removing Barriers to Breastfeeding: A Structural Race Analysis of First Food* Report

National Medical Association Breastfeeding Alliance: https://www.nmanet.org/page/Breastfeeding


Texas Department of Health Services WIC Program: https://www.breastmilkcounts.com/

US Department of Health and Human Services Blueprint for Action on Breastfeeding:

Select Culturally Relevant Breastfeeding Resources (Note: this list is not intended to be exhaustive)

CinnaMoms (Los Angeles, CA): https://www.cinnamoms.org/

District of Columbia Breastfeeding Coalition (Washington, DC): http://www.dcbfc.org/

Fathers Uplift: http://www.fathersuplift.org/

National Database of Lactation Support Groups for Families of Color curated by Nekisha Killings
https://docs.google.com/spreadsheets/d/1C3eKyS43XpfH6EVpB-wUT5DMhewg_T9sKmDpeaKYpUkU/edit#gid=762694321

Office on Women’s Health *It’s Only Natural* Campaign: https://www.womenshealth.gov/its-only-natural

Stork and Cradle (New York City, NY): https://www.storkandcradle.com/?r_done=1
Staff

ROSE Staff with Board of Directors Member, Jeretha McKinley


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Twitter & Instagram: @Support_ROBE

Mailing Address
3035 Stone Mountain St.
#1076
Lithonia, GA 30058
(404) 719-4297