

# Overcoming Barriers to Breastfeeding in Low-Income Women

*Preventing obesity should start as early as the day a child is born.*



**M**ore than 20% of young children in California grow up in poverty,<sup>1</sup> and nearly half of all children in California live in households eligible to participate in the Supplemental Nutrition for Women, Infants and Children (WIC) program.<sup>2</sup> These low-income children, who are at greatest risk for obesity, are also the least likely to be breastfed. Consequently, obesity risk among WIC participants is one of the most serious public health nutrition challenges facing providers.

**A POLICY BRIEF ON PREVENTING OBESITY IN EARLY CHILDHOOD**

Produced by the California WIC Association and the UC Davis Human Lactation Center

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## BREASTFEEDING: A PRIMARY OBESITY-PREVENTION STRATEGY

The alarming increase in overweight<sup>3</sup> has affected children of all ages and socioeconomic groups. Low-income children — even at very young ages — are particularly affected by this preventable problem and its serious consequences: stigma, ill health, and earlier death.<sup>4</sup> Among low-income children aged two to five in California, rates are higher than the national average: nearly one in five is overweight and an additional one in six is at risk for overweight.<sup>4</sup> Low-income Native American children have the highest proportion of overweight (19.7%), followed closely by Mexican-American children (18.8%).<sup>5</sup>

Among three- to five-year-old children participating in the WIC program, one in three is overweight or at risk for overweight.<sup>6,7</sup> Given that weight-control programs are typically ineffective among children, and weight-reduction programs are contraindicated in young children, preventive interventions for our youngest children are critical tools for turning this epidemic around.

Increasing scientific evidence has shown that breastfeeding, especially when infants are breastfed exclusively for more than three months, reduces the risk for obesity.<sup>8,9</sup> Based on such evidence, breastfeeding promotion has been adopted by the Centers for Disease Control and Prevention (CDC) in Atlanta as a primary obesity-prevention strategy.<sup>10</sup> Similarly, the American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding along with complementary foods through the next six months or longer.<sup>11</sup> (See the California WIC Association's policy brief, *Breastfeeding: The First Defense Against Obesity*.)

**Low-income children, who are at greatest risk for obesity, are also the least likely to be breastfed.**

## LOW BREASTFEEDING RATES AMONG POOR WOMEN OF COLOR

More than 75% of women in California start breastfeeding in the hospital, but fewer than half of them leave the hospital exclusively breastfeeding their infants.<sup>2</sup> Among WIC participants, fewer than 25% are breastfeeding exclusively at two months after birth, and fewer than 15% do so at four months after birth.<sup>12</sup> So while breastfeeding initiation in our state exceeds national goals, breastfeeding duration is far below what is needed for obesity prevention.

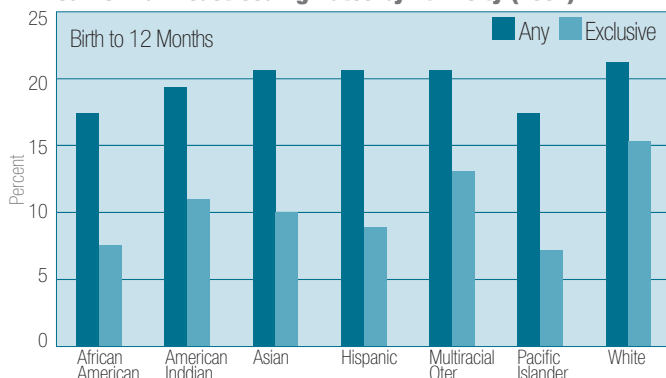
California breastfeeding rates differ widely by ethnicity.

The highest exclusive breastfeeding rates are seen among white women. More than 80% of Latina women initiate breastfeeding, but only 29% breastfeed exclusively while in the hospital. African-American women are less likely than white women to start breastfeeding and half as likely to breastfeed exclusively. The lowest rates of exclusive breastfeeding are seen among Pacific Islanders.<sup>2</sup>

For low-income women, barriers to breastfeeding exist that may seem insurmountable. Even for determined low-income, ethnically diverse women, supportive factors are often in short supply. Some examples follow:

- Despite the fact that studies have shown that breastfeeding support immediately after birth is key to increasing breastfeeding rates,<sup>13</sup> budget cuts have forced hospitals that serve low-income women to reduce or eliminate programs that support breastfeeding.
- Many hospitals are unprepared for the needs of immigrant women. There may be no one available in the hospital who can answer questions about infant feeding in languages other than English or Spanish.<sup>14</sup>
- The lack of consistent reimbursement for outpatient breastfeeding support means that even fewer lower-income women have access to culturally and linguistically appropriate help after they leave the hospital.
- Many women in low-wage positions cannot afford to take extended unpaid maternity leave and may not have access to flexible schedules, lactation accommodation, and other benefits that support breastfeeding. Women participating in welfare-to-work programs are particularly at risk for short breastfeeding duration.<sup>14</sup>
- Many women cannot afford adequate child care and may need to leave their children with friends or family members who are not supportive of breastfeeding.

**California Breastfeeding Rates by Ethnicity (2004)**



*Low rates of exclusive breastfeeding are found among all ethnicities.*

Data Source: Genetic Disease Branch Data; CA Dept. of Health Svcs, MCAH

## PROMISING STRATEGIES

Faced with so many barriers, it is not surprising that low-income women are less likely than affluent women to start and continue breastfeeding. Fortunately, California breastfeeding advocates have been working for decades to remove the many barriers facing low-income women who want to breastfeed their babies. Pursuing a collaborative, strategic, and incremental approach, some progress has been made.

### HOSPITALS: SUPPORTIVE ENVIRONMENTS

Supportive hospital environments are needed to give mothers the right start. Women who are encouraged by a doctor or nurse in the hospital are four times as likely to start breastfeeding as mothers who are not encouraged.<sup>15</sup> Women giving birth in hospitals that comply with at least five of the 10 steps in the UNICEF/WHO Baby-Friendly initiative were nearly eight times less likely to stop breastfeeding before six weeks after birth as those giving birth in other hospitals.<sup>16</sup>

### EMPLOYERS: LACTATION ACCOMMODATION

By law, California employers are required to provide a reasonable amount of break time and private space close to the employees' work area for mothers who wish to

**Businesses reduce absenteeism and lower health care costs when they make it easier for mothers to pump and store breast milk.**

express breast milk for their infants. Many businesses in California go above and beyond the law to provide enhanced benefits for breastfeeding employees, resulting in reduced absenteeism and lower health care costs.

Recently, businesses providing extensive lactation support, such as furnished, dedicated rooms for pumping milk, were

recognized by the California Task Force on Youth and Workplace Wellness as Mother-Baby-Friendly workplaces. Nonetheless, businesses that employ low-income women are less likely to have supportive policies, and low-income mothers often do not take advantage of this opportunity out of fear that they will be embarrassed or fired. Enhanced protections are needed for breastfeeding women in low-wage positions.

### WIC: PEER COUNSELING

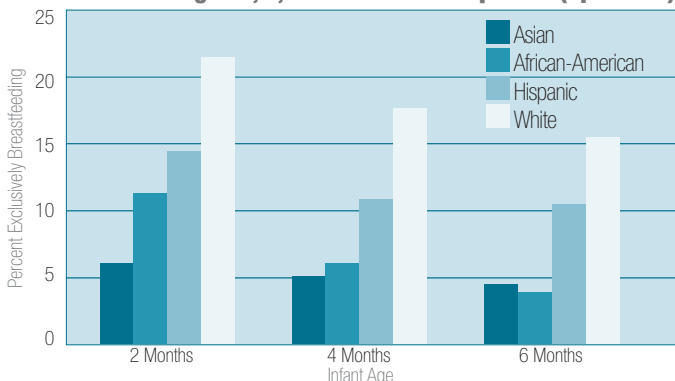
The WIC Program serves as the primary source of breastfeeding support and information for low-income women in California. WIC-based peer counseling and home visiting programs have been shown to increase breastfeeding rates among low-income women. These culturally competent community health workers have been used in a variety of settings to increase breastfeeding rates.<sup>17-19</sup> Many agencies have pilot-tested innovative breastfeeding support programs, but additional funding for such programs is needed.

## RECOMMENDATIONS

**Building on current successes, breastfeeding rates among low-income women can be improved if hospitals and policymakers implement the following recommendations:**

- Provide hospitals with the resources and technical support they need to achieve model hospital standards and policies that support breastfeeding for all mothers.
- Revise Medi-Cal regulations so that they ensure access for low-income women to needed breastfeeding supplies and services.
- Work with health care reimbursement systems to develop model policies that ensure adequate reimbursement for breastfeeding services.
- Continue to fund and expand WIC peer counseling programs and breastfeeding support efforts by community health workers.
- Work with businesses and labor unions to promote breastfeeding-friendly workplaces and enhanced maternal and lactation health benefits.
- Increase and expand legislation that supports breastfeeding by working mothers.
- Ensure that welfare-to-work program policies do not result in reduced breastfeeding among participants.
- Ensure access for all women to culturally competent, balanced information about breastfeeding.
- Provide training for day care workers and Head Start employees to ensure acceptance and understanding of the needs of breastfeeding working mothers.

**Percent of California WIC Population Exclusively Breastfeeding at 2, 4, and 6 Months Postpartum (April 2004)**



*Low-income children, who are at greatest risk for obesity, are also least likely to be breastfed.*

Data Source: WIC ISIS data, unpublished.

# WIC moms speak out

What WIC moms said when asked, "How helpful are breastfeeding peer counselors?"

*"The team has been very helpful. They were there whenever I had any questions. They took time to answer my questions very thoroughly and (to) my satisfaction. In the support meeting they showed you the proper technique. (They) asked us to talk about any difficulties or problems or concerns with breastfeeding. It was very, very helpful."*



Makeba

"WIC providers have helped millions of low-income women start breastfeeding. We can help them continue to breastfeed by working with partners on strategies to make hospital, workplace, and community environments more supportive. Together, we can reduce childhood overweight and subsequent obesity."

Linnea Sallack, MPH, RD, Chief, WIC Supplemental Nutrition Branch California Department of Health Services, Sacramento, California

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*"The program has helped me a lot. I had difficulties with (breast-feeding). If it wasn't for the program, I would probably just give up on breastfeeding and continue bottle feeding with formula."*



Diana

## References

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