



Reactions of Low-Income African American Women to Breastfeeding Peer Counselors

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ABSTRACT

Objective: To examine the influence of breastfeeding peer counseling on the breastfeeding experiences of African American mothers who participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Design: Qualitative study using focus groups.

Setting: Two WIC clinics in Southeast Wisconsin were used for recruitment and data collection.

Participants: A convenience sample of nine African American mothers participated in one of two focus groups.

Methods: The women responded to a series of open-ended questions about their breastfeeding experiences and the effect of breastfeeding peer counselors (BPCs). Content and thematic analyses were used to analyze patterns related to the influence of BPCs on breastfeeding.

Results: Four themes were categorized: *Educating With Truth*, *Validating for Confidence*, *Countering Others' Negativity*, and *Supporting With Solutions*. Mothers in this study expressed positive reactions to educational, emotional, and social support from BPCs. The mothers noted that the contact they had with BPCs had a direct positive influence on their breastfeeding experiences. However, the contact from BPCs varied between the two WIC clinics.

Conclusion: The findings demonstrate the positive effects of BPCs on breastfeeding experiences among African American WIC participants. Findings from this study can guide future explorations using BPCs. Interventions are needed to develop standardized guidelines to bring about homogeneity of, better access to, and greater use of BPCs.

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Nationally, breastfeeding initiation rates have risen, and overall rates have reached the Healthy People 2010 objectives ([Centers for Disease Control and Prevention \[CDC\], 2014a](#)). Data indicated that 76.7% of new mothers in the United States initiated breastfeeding in 2010, which met the stated national goal of 75% at that time ([CDC, n.d.](#)). In the same year, 47.5% of new mothers in the United States continued breastfeeding at 6 months, coming close to meeting the Healthy People 2010 objective of 50% ([CDC, n.d.](#)). Despite national progress in reaching breastfeeding initiation and continuation objectives established for 2010, the United States continues to face major racial breastfeeding disparities. Recent data indicated that African American women continue to have lower initiation and continuation rates than women of other races and ethnicities. Results from the 2010 National Immunization Survey ([CDC, n.d.](#)) showed that only 63.3% of African American women initiated

breastfeeding and that 36.1% continued to 6 months. These rates, which have remained statistically unchanged since 2004, fell well short of national objectives.

The Healthy People 2020 breastfeeding objectives (81.9% initiation and 60.6% continuation at 6 months) may further widen the gap between African American mothers and new mothers of all races ([CDC, 2014a](#)). The U.S. Surgeon General's 2011 Call to Action acknowledged the need for a national commitment to close the racial gap in breastfeeding initiation and continuation ([U.S. Department of Health and Human Services, 2011](#)). Improving initiation and continuation breastfeeding rates, especially for African American women, is vital to improving other disparities that exist in maternal–child health. According to the most current data from the [U.S. Department of Health and Human Services Office of Minority Health \(2013\)](#), the infant mortality rate among

African American infants in 2010 was 2.2 times higher than the rate for White infants. [Bartick and Reinhold \(2010\)](#) concluded that if 90% of all U.S. mothers breastfed exclusively for 6 months, there would be 900 fewer infant deaths per year in the United States. Analyzing a large national database from 1988 with representative samples of postneonatal infant deaths, [Chen and Rogan \(2004\)](#) were able to better control for confounding variables. They projected that a national increase in the continuation of breastfeeding could decrease the infant mortality rate by 720 deaths each year with minimal risk or cost. It is highly likely that increasing breastfeeding initiation and continuation rates in the African American population would lead to improved infant outcomes.

Review of the Literature

Women enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have lower breastfeeding initiation rates than the total U.S. population of breastfeeding mothers ([Evans, Labbok, & Abrahams, 2011](#)). The WIC program is a federally funded grant program that provides nutritional services and counseling for more than 50% of low-income families who have children from infancy to age 5 years ([Evans et al., 2011](#)). In samples from the 2012 and 2013 National Immunization Surveys ([CDC, 2014b](#)), 72% of the women who participated in WIC initiated breastfeeding. Only 38% continued at 6 months. This national dataset did not specify race/ethnicity for WIC participants, making it impossible to determine initiation and continuation rates specifically among African American WIC participants.

However, researchers have identified racial disparities that exist within the WIC community regarding breastfeeding initiation ([Ma, Brewer-Asling, & Magnus, 2013](#)). This disparity may be related to the difference in breastfeeding advice given to African American WIC participants. In a quantitative comparative study on breastfeeding advice, [Beal, Kuhlthau, and Perrin \(2003\)](#) reported that African American women were significantly less likely to receive breastfeeding advice from their health care providers (48% vs. 53%, $p < .001$) and WIC counselors (56% vs 64%, $p < .001$) than White participants. In addition, African American women were significantly more likely to receive recommendations to formula feed from WIC counselors (65% vs 55%, $p < .001$; [Beal et al., 2003](#)). [Evans et al. \(2011\)](#) found that in North Carolina WIC

clinics, African American women were significantly less likely to be offered breastfeeding support services ($p < .05$). These findings suggested that African American women using WIC services received limited information regarding infant feeding options. Furthermore, [Evans et al. \(2011\)](#) found two confounding factors that contributed to the low breastfeeding rates in the population: being a WIC program participant and being an African American mother.

Various strategies have been implemented to improve breastfeeding rates among low-income women, specifically African Americans, and researchers have shown that role modeling has a positive influence on breastfeeding initiation and continuation for African American mothers ([Robinson & VandeVusse, 2011](#)). Promoting the use of breastfeeding support services such as those more recently offered through WIC programs, including additional food packages to support nutrition for breastfeeding mothers and use of breastfeeding peer counselors (BPCs), was essential to shifting from formula feeding to breastfeeding among low-income African American women who participate in WIC ([U.S. Department of Agriculture \[USDA\], Food and Nutrition Service, 2014](#)).

Frequent exposure to education and encouragement about the substantial benefits of providing breastmilk for infants have been successful strategies to increase breastfeeding rates among African American women who are WIC participants. The WIC program provides BPCs for educational, emotional, and social support for new breastfeeding mothers ([Campbell, Wan, Speck, & Hartig, 2013](#); [Evans et al., 2011](#); [Hedberg, 2013](#); [Rozga, Kerver, & Olson, 2015a](#)). The BPCs are mothers who have experience with breastfeeding and who are able to provide emotional support and key information about how other mothers can successfully breastfeed ([USDA, Food and Nutrition Service, 2010](#)). The basic requirements established for WIC BPCs are that they must contact (a) WIC enrollees at least once during their pregnancies; (b) a new mother every 2 to 3 days within the first 7 to 10 days postpartum; (c) any woman within 24 hours if she reports breastfeeding difficulties, and BPCs must make suitable referrals if difficulties still persist; and (d) postpartum mothers weekly through the first month and then monthly throughout the infant's first year of life ([USDA, 2010](#)).

The BPCs have had positive effects on increasing breastfeeding initiation and continuation for African

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