



A Call to Action to Address Barriers to Breastfeeding and Lactation Faced by Student-Mothers

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The World Health Organization (n.d.), the American Academy of Pediatrics (AAP, 2012), and the Association of Women's Health, Obstetric and Neonatal Nurses (2015) recommend that all infants be exclusively breastfed for the first 6 months with continued breastfeeding for 1 to 2 years or more. Breastfeeding is associated with many potential maternal and infant health

benefits (see Box 1), and, in some research, breastfeeding has been linked to higher IQ scores in later childhood (Victora et al., 2015).

According to the 2016 Centers for Disease Control and Prevention Breastfeeding Report Card, overall breastfeeding initiation rates have improved to 81.1% in the United States. However, disparities and inequities exist; minority

Abstract Many new mothers returning to school after childbirth face barriers within their academic settings to meeting their goals for exclusive breastfeeding. Potential barriers to breastfeeding faced by student-mothers include lack of legal protection, lack of breastfeeding-friendly university policies, inadequate availability of breastfeeding facilities, and insufficient awareness of the importance of breastfeeding among mothers, health care providers, and university administrators and faculty. Here we advocate for six action steps to help remove barriers to breastfeeding faced by student-mothers. <http://dx.doi.org/10.1016/j.nwh.2017.10.006>

Keywords breastfeeding | colleges | lactation support | student-mothers | universities



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status, younger age, low education levels, and lower income levels are all associated with lower breastfeeding rates. At this time, only about half (51.8%) of infants are still breastfeeding at 6 months, and one third (30.7%) are breastfeeding at 12 months. These rates are below the set Healthy People 2020 goals of an 81.9% breastfeeding initiation rate, 6-month breastfeeding rate of 60.6%, and 12-month breastfeeding rate of 34.1% (Centers for Disease Control and Prevention, 2016). Furthermore, 24% of maternity services provide supplements of commercial infant formula as general practice instead of promoting exclusive breastfeeding. It is clear that greater emphasis needs to be placed on improving and standardizing hospital-based practices to meet the newer Healthy People 2020 targets (Drake, Cadwell, & Dodgson, 2017).

The proportions of college students from diverse racial and ethnic groups have been increasing during the last three decades (National Center for Education Statistics, 2016). The rate of initiating breastfeeding is 75% in the overall U.S. population; however, this varies among racial and ethnic subpopulations and is as low as 58.1% in non-Hispanic Black mothers (AAP, 2012). As more student-mothers from diverse backgrounds who may be less likely to breastfeed pursue higher education, this call to action becomes increasingly relevant to improving breastfeeding rates.

Breastfeeding initiation differs based on income level as well. Initiation rates are as low as 67.5% in women of low income and as high as 84.6% in women of greater income who are ineligible for the federal Special Supplemental Nutrition Program for Women, Infants, and Children (AAP, 2012). Authors of a 2015 study by the National Center for Education Statistics showed that fewer college students of lower socioeconomic status complete their degrees compared with students of higher socioeconomic status. Thus, an educational institution that does not provide adequate resources for student-mothers may impose an additional obstacle to academic success for those of lower socioeconomic status.

In addition to the health benefits of breastfeeding, there are measurable financial incentives and effects on families. In a 2017 study conducted using Monte Carlo simulations,

Box 1.

Potential Benefits of Human Milk and Breastfeeding

Maternal Health

Decreased risk of

- Breast cancer
- Diabetes
- Heart disease
- High blood pressure
- Ovarian cancer
- Postpartum depression
- Rheumatoid arthritis

Newborn/Infant Health

Decreased risk of

- Childhood leukemia
- Dermatitis
- Diarrhea
- Ear infections
- Lower respiratory infection
- Obesity
- Sudden infant death syndrome
- Type 1 and type 2 diabetes
- Vomiting

Source: AAP (2012).

Bartick et al. conservatively estimated that sub-optimal breastfeeding (in which the duration of breastfeeding does not meet the recommendations of exclusive breastfeeding for 6 months and continued breastfeeding for 1 year) results in 3,340 additional premature maternal and child deaths, \$3 billion in medical costs, and \$14.2 billion in premature death costs. Promoting breastfeeding through the provision of mother- and baby-friendly work and school sites results in cost savings to employers via retention of experienced employees, reduction in sick time taken by parents, lower health care and insurance costs, increased employee satisfaction, and increased employee loyalty (U.S. Department of Health and Human Services, 2008). The AAP (2012) also supports the notion that employers benefit from promoting lactation in their workplaces:

The return on investment has been calculated that, for every \$1 invested in creating and supporting a lactation support program

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