



Barriers to Breastfeeding at the Macro and Micro Levels

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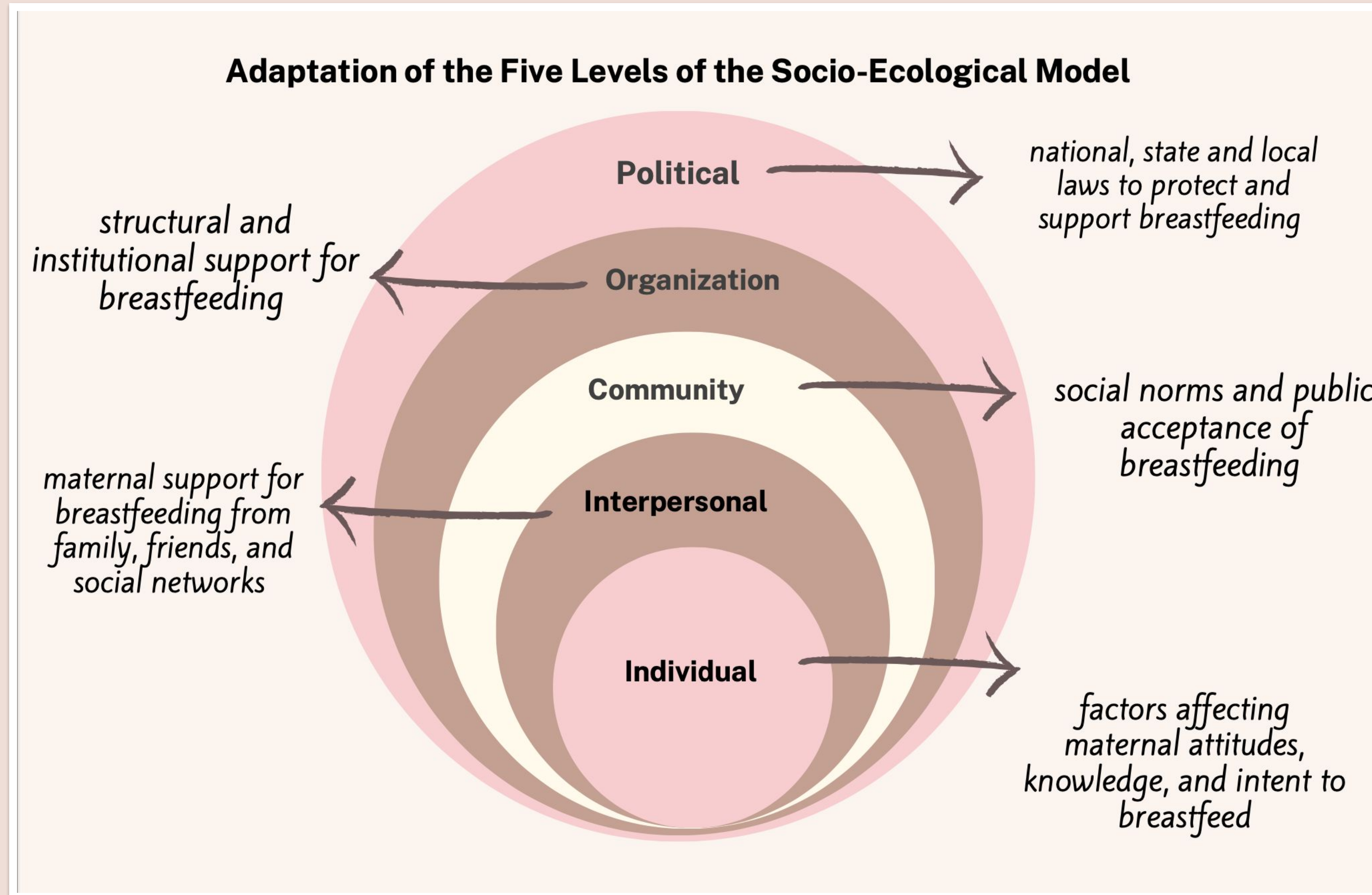
About Us

Voices For Healthy Kids- Innovation, Equity and Exploration Special Project Workgroups

Our Workgroup Project: Breastfeeding Support Policy and Practices Implementation in Service Sector and Other Challenging Jobs



Maternal Decision-Making Influencing the Intent To Breastfeed



My Story



Why Are Breastfeeding Rates Lower Among Black Mothers?

- Lack of multigenerational support
- History of wet nursing
- Lack of awareness
- Return to work



Individual Level Barriers

- The likelihood of breastfeeding is higher among mothers who received a high school diploma, married, and older at childbirth
- Birth intendedness, singleton pregnancy, breastfeeding friendly birthing facility, natural vaginal delivery, babies' proper weight gain during breastfeeding, and the calmness of the infant
- Maternal behaviors
 - Smoking behaviors



Maternal Smoking and Vaping

- Maternal smoking is a strong predictor of low intention to initiate breastfeeding and early breastfeeding cessation
- Vaping is a growing phenomenon among women of child-bearing age
- E-cigarettes containing nicotine carry many of the same risks as conventional smoking



Revealing the Risks

- Observational study based on pooled cross-sectional data from 2015-2020 National Pregnancy Risk Assessment Monitoring System (PRAMS) survey
- The two outcomes of interest: breastfeeding initiation and breastfeeding duration
- The purpose of the study was to examine difference in breastfeeding initiation and duration by type of tobacco products



Crude Analysis

- A significantly higher percentage of women who used e-cigarettes initiated and continued breastfeeding for at least 6 months compared to women who smoked conventional cigarettes

Prevalence of breastfeeding initiation among women with 2–4 months live infants, in the US: 2015–2020 PRAMS.

Maternal Characteristics	Unweighted n (N=243,000)	Did not initiated Breastfeeding % (95% CI)	Initiate breastfeeding % (95% CI)	P-value
		16.43 (16.20,16.66)	83.57 (83.34,83.8)	
Smoking Status				
Neither	172,217	14.32 (14.06 – 14.57)	85.68 (85.43– 85.94)	
Combustible	11,819	39.58 (38.06– 41.14)	60.42 (58.86– 61.94)	<0.001
E-cigarettes	9,341	16.29 (15.14– 17.51)	83.71 (82.49– 84.86)	0.001
Combine	4,185	30.57 (28.32– 32.91)	69.43 (67.09– 71.68)	<0.001

Prevalence of breastfeeding continuation among women with 2–4 months live infants, by the study population characteristics: 2015–2020 PRAMS.

Maternal Characteristics	Unweighted n	Breastfed < 6 months % (95% CI)	Breastfed 6+ months % (95% CI)	P-value
		46.09 (45.77– 46.42)	53.91% (53.5–54.23)	
Smoking Status				
Neither	168,980	42.61 (42.23 – 42.98)	57.39 (57.02 – 57.77)	
Combustible	11,187	79.51 (78.18 – 80.78)	20.49 (19.22 – 21.82)	<0.001
E-cigarettes	9,079	55.67 (54.02 – 57.3)	44.33 (42.7 – 45.98)	<0.001
Both	3,920	76.87 (74.65 – 78.96)	23.13 (21.04 – 25.35)	<0.001

Adjusted Analysis

- After adjusting for socio-demographic and health-related characteristics, women who used e-cigarettes had a slightly higher prevalence of breastfeeding initiation than women who did not smoke or vape
- More confounding from socio-demographic characteristics was evident for mothers who smoke cigarettes exclusively or in combination with e-cigarettes
- For e-cigarettes, adjusted estimates are not very different from crude ones

Adjusted association between breastfeeding initiation and continuation among women with 2–4 months live infants: 2015–2020 PRAMS.

Maternal Characteristics	Breastfeeding initiation				Breastfeeding continuation			
	% (95% CI) adjusted for socio-demographic characteristics ^a	P-value	% (95% CI) adjusted for all characteristics ^b	P-value	% (95% CI) adjusted for socio-demographic characteristics ^a	P-value	% (95% CI) adjusted for all characteristics ^b	P-value
Smoking								
Neither	84.84 (84.57 – 85.11)	Ref.	84.91 (84.63 – 85.19)	Ref.	55.82 *** (55.46 – 56.19)	Ref.	56.00 *** (55.63 – 56.37)	Ref.
Combustible	73.49 *** (72.24 – 74.74)	<0.001	74.67 *** (73.42 – 75.29)	<0.001	33.89 *** (32.18 – 35.60)	<0.001	34.78 *** (33.02 – 36.53)	<0.001
E-cigarettes	86.41 *** (85.39 – 87.43)	0.004	86.26 *** (85.22 – 87.31)	0.015	51.44 *** (49.81 – 53.07)	<0.001	52.25 *** (50.63 – 53.87)	<0.001
Both	79.34 *** (77.60 – 81.08)	<0.001	80.19 *** (78.46 – 81.93)	<0.001	36.67 *** (34.03 – 39.31)	<0.001	38.00 *** (35.32 – 40.67)	<0.001

^a Adjusted for age, race, ethnicity, education, marital status, and receipt of WIC food during pregnancy; n's = 189,179 and 184,943.
^b Adjusted for the above sociodemographic characteristics, and BMI, vaginal delivery, previous live birth, plural birth, and prenatal care within the first trimester; n's = 176,703 and 173,102.
 ***p< 0.001, **p<0.01, *p<0.05 statistically significant differences between two consecutive categories.

Concurrent Breastfeeding and Smoking



- Tailored marketing and misinformation of e-cigarettes
- Most women believe they should not use any tobacco products and breastfeed
- The American Academy of Pediatrics supports mothers who smoke and breastfeed due to the benefits that outweigh the potential risks

Maternal Smoking and Breastfeeding Recommendations

- Provide the current AAP recommendations regarding maternal smoking and breastfeeding
- Educate mothers on the risks associated with e-cigarettes
- Include women of childbearing age in smoking cessation programs



Macro Level Barriers



- Black infants have the lowest breastfeeding initiation and continuation at 6 months
- Limited paid leave forces low-income women of color to return to work shortly after childbirth
- Disproportionate representation in low-wage and physically demanding jobs exposes Black women and other women of color to industries like hazardous labor and service roles

Macro Level Barriers (Cont.)

- Limited maternity leave or lack of paid leave of absence
- Insufficient lactation support policies in the workplace
- Unsupportive work environments
- Negative attitudes and stigmatization of breastfeeding from colleagues and/or supervisor



The Interconnection: Micro and Macro Barriers

- Awareness and understanding of the specific challenges Black women face in their breastfeeding journey
- Establishing breastfeeding policies acknowledges breastfeeding as not just an individual choice, but a real public health concern
- Effective implementation and enforcement of existing policies and recommendations





Thank you!

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